

SMALL BUSINESS COORDINATION RECORD										REPORT CONTROL SYMBOL	
1. CONTROL NO. <i>(Optional)</i>			2. PURCHASE REQUEST NO./ REQUISITION NO.			3. TOTAL ESTIMATED VALUE <i>(Including options)</i>			4. SOLICITATION NO./CONTRACT MODIFICATION NO.		
5. BUYER											
a. NAME <i>(Last, First, Middle Initial)</i>						b. OFFICE SYMBOL			c. TELEPHONE <i>(Include Area Code)</i>		
6. ITEM DESCRIPTION <i>(Including quantity)</i>									6a. FEDERAL SUPPLY CLASS/SERVICE (FSC/SVC) CODE		
7. TYPE OF COORDINATION <i>(X one)</i>						8. SMALL BUSINESS SIZE STANDARD					
<input type="checkbox"/> a. INITIAL CONTACT		<input type="checkbox"/> b. MODIFICATION		<input type="checkbox"/> c. WITHDRAWAL		a. STANDARD INDUSTRY CODE (SIC)			b. NO. OF EMPLOYEES		c. DOLLARS
9. RECOMMENDATION <i>(X as applicable) (If all recommendations are "No," explain in Remarks.)</i>						10. ACQUISITION HISTORY <i>(X one)</i>					
YES		NO				a. FIRST TIME BUY					
				a. SECTION 8(a) <i>(X one)</i>		b. PREVIOUS ACQUISITION <i>(X all that apply)</i>					
				(1) Competitive						(1) Section 8(a)	
				(2) Sole Source						(2) SDB Set-Aside	
				b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE						(3) HBCU/MI Set-Aside	
				c. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES/MINORITY INSTITUTIONS (HBCU/MI) SET-ASIDE <i>(List percentage)</i>		%				(4) SB Set-Aside	
				d. SMALL BUSINESS (SB) SET-ASIDE <i>(List percentage)</i>		%				(5) SB - SP Set-Aside	
				e. EMERGING SMALL BUSINESS SET-ASIDE						(6) Other <i>(Specify)</i>	
				f. EVALUATION PREFERENCE FOR SDBs						(7) Two or more responsive SB offers on prior acquisition	
				g. SMALL BUSINESS - SMALL PURCHASE (SB-SP) SET-ASIDE						(8) One or more responsive SDB offer(s) within 10% or award price of prior acquisition	
11. SB PROGRESS PAYMENTS <i>(X one)</i>				12. SUBCONTRACTING PLAN REQUIRED <i>(X one)</i>				13. SYNOPSIS REQUIRED <i>(X one)</i>			
<input type="checkbox"/> a. YES		<input type="checkbox"/> b. NO		<input type="checkbox"/> a. YES		<input type="checkbox"/> b. NO		<input type="checkbox"/> a. YES		<input type="checkbox"/> b. NO	
										<i>(If "No," cite FAR 5.202 exception)</i>	
14. REMARKS											
15. REVIEWED BY SMALL BUSINESS ADMINISTRATION (SBA) REPRESENTATIVE						16. LOCAL USE					
a. NAME <i>(Last, First, Middle Initial)</i>											
b. SIGNATURE				c. DATE SIGNED <i>(YYMMDD)</i>							
17. CONTRACTING OFFICER <i>(X one)</i>						18. SMALL BUSINESS SPECIALIST <i>(X one)</i>					
<input type="checkbox"/> a. CONCURS		<input type="checkbox"/> b. REJECTS				<input type="checkbox"/> a. CONCURS		<input type="checkbox"/> b. APPEALS			
c. RECOMMENDATIONS <i>(Document rejections on reverse side)</i>						NOTE: Any change in the acquisition plan this coordination record describes will require return for re-evaluation by the SB specialist.					
d. NAME <i>(Last, First, Middle Initial)</i>						c. NAME <i>(Last, First, Middle Initial)</i>					
e. SIGNATURE				f. DATE SIGNED <i>(YYMMDD)</i>		d. SIGNATURE				e. DATE SIGNED <i>(YYMMDD)</i>	