

**DEPARTMENT OF THE INTERIOR
ACQUISITION SCREENING AND REVIEW FORM**

A. ACQUISITION PLAN:										
1. Date Prepared:			2. Purchasing Office and Address:				3. Solicitation/Requisition Number:			
4. Description of Commodity or Service, and Quantity:					4a. Product and Service Codes:					
					4b. SIC Codes and Size Standards:					
5. Competitive:			(A) YES		7. Cost/Price (Estimate)	8. Solicitation Date (Estimate)	9. Response or Bid Opening Date (Estimate)			
Noncompetitive (Attach Justification Unless (a))			(B) NO							
		6. Proposed Synopsis								
10. Proposed Method of Acquisition: Check One Box (a) through (e)										
(a) Section 8(a) Program					CHECK EITHER (h) or (I)					
(b) Total Small Business Set-Aside					(h) Sealed Bidding					
(c) Partial Small Business Set-Aside					(i) Other Negotiated (41USC253(e))					
(d) NOT SET-ASIDE										
(e) Buy Indian										
11. Proposed Bidder/Source List										
(a) Number of Small Businesses							(d) Number of Min./Disadvantaged Business			
(b) Number of Large Businesses							(e) Number of Women-Owned Businesses			
(c) Number of Labor Surplus Area Concerns:										
Large					SBA PASS System Used:					
Small					YES				NO	
12. Basis for proposed Method of Acquisition:										
(a) Not Set-Aside for 8(a) because:					(c) Partial Small Business Set-Aside NOT Appropriate (See FAR 19.502-3)					
(b) Not Set-Aside for Small Business because:						(d) Remarks:				
(1) Non-Competitive										
(2) Insufficient number of qualified Small Businesses										
(3) See Acquisition History Below										
(4) Other (Specify)										

CONTINUED ON THE REVERSE SIDE

B. PREVIOUS ACQUISITION HISTORY:					
13. HAS SIMILAR ITEM/SERVICE BEEN PROCURED RECENTLY?			YES:		
			NO:		
IF YES, indicate method of acquisition (USE CODES IN BLOCK 10 ABOVE) and place of performance:					
13a. Method of Acquisition:					
13b. Place of Performance					
14. If competitive indicate number of responses received:					
Large	Small	LSA	Min./Disadvantaged	Women-Owned	
15. Date of Award	16. Contract Number	17. Total Cost/Price	18. Name of Contractor and Address:		
19. Type of Firm (Check all applicable):					
Small	Min/Disadv.	Large	Women-Owned	LSA	Other (Specify)
20. SIGNATURE AND DATE:					
Purchasing Agent/Contract Specialist (complete if different than the Contracting Officer)			Date:		
Contracting Officer			Date:		
Business Utilization and Development Specialist			Date:		
Small Business Administration Representative			Date:		

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