

SMALL BUSINESS COORDINATION RECORD				REPORT CONTROL SYMBOL DD-A&T(AR)1862	
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"/> INITIAL CONTACT			a. STANDARD INDUSTRY CODE (SIC)		
<input type="checkbox"/> MODIFICATION <input type="checkbox"/> WITHDRAWAL			b. NO. OF EMPLOYEES		c. DOLLARS
9. RECOMMENDATION <i>(X as applicable)</i>			10. ACQUISITION HISTORY <i>(X one)</i>		
YES	NO	<i>(If all recommendations are "No," explain in Remarks.)</i>			
		a. SECTION 8(a) <i>(X one)</i>			
		<input type="checkbox"/> (1) COMPETITIVE <input type="checkbox"/> (2) SOLE SOURCE			
		b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE			
		c. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES/ MINORITY INSTITUTIONS (HBCU/MI) SET-ASIDE %			
		d. SMALL BUSINESS (SB) SET-ASIDE <i>(List percentage)</i> %			
		e. EMERGING SMALL BUSINESS SET-ASIDE			
		f. EVALUATION PREFERENCE FOR SDBs			
		g. SMALL BUSINESS - SMALL PURCHASE (SB-SP) SET-ASIDE			
11. SB PROGRESS PAYMENTS <i>(X one)</i>		12. SUBCONTRACTING PLAN REQUIRED <i>(X one)</i>		13. SYNOPSIS REQUIRED <i>(X one)</i> <i>(If "No," cite FAR 5.202 exception)</i>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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>(YYYYMMDD)</i>			
17. CONTRACTING OFFICER <i>(X one)</i>			18. SMALL BUSINESS SPECIALIST <i>(X one)</i>		
<input type="checkbox"/> CONCURS <input type="checkbox"/> REJECTS			<input type="checkbox"/> CONCURS <input type="checkbox"/> 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>(YYYYMMDD)</i>	d. SIGNATURE		e. DATE SIGNED <i>(YYYYMMDD)</i>