

Quotation for Simplified Acquisitions
(\$2,500-\$100,000)

U.S. Department of Labor
Acquisition Management Services



1. Effective Date	2. Order Number	3. Quotes	Oral <input type="checkbox"/>	Written <input type="checkbox"/>
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4. Vendor Solicited

	Telephone Number	Date of Quote	Delivery Offer	FOB Point
Vendor 1. Company Name: Point of Contact: City, State, Telephone: Business Type Person Contacted:				
Vendor 2. Company Name: Point of Contact: City, State, Telephone: Business Type Person Contacted:				
Vendor 3. Company Name: Point of Contact: City, State, Telephone: Business Type Person Contacted:				

Quantity	Description of Product or Service	Vendor 1.		Vendor 2.		Vendor 3.	
		Unit Price	Total Amount	Unit Price	Total Amount	Unit Price	Total Amount
		Total Amount		Total Amount		Total Amount	

5. Basis for Price Reasonableness

Low Cost or Best Value Based on (Specify)

6. Other Factors Affecting Source (FSS, Etc.)

(Specify)

2953.103 Acquisition Screening and Review—over \$100,000 DL 1-2004.

quisitions above the *simplified acquisition threshold*. This form will then be

The requiring organization must complete the following form for all ac-

submitted through the contracting officer to the Office of Small Business Programs for review.

Acquisition Screening and Review - over \$100,000		U.S. Department of Labor	
A: Originating Agency			
1. Purchasing Office Name: Street Address: City: State: Zip: Phone Number:		2. Date of Purchase Request:	
3. Estimated Dollar Value This FY: _____ Total Contract Value: _____		4. Period of Performance (Include Option Years):	
5. Description of Product or Service:		6. Recommended Method of Procurement (Select a method from block 11 below):	
7. Signature of Small Business Specialist:		Date:	
B: Contracting Office			
8. Solicitation Number:		9. Estimated Date of Release:	10. Estimated Date of Response/Opening:
11. Check all applicable boxes: Proposed Method of Procurement <input type="checkbox"/> GSA - Multiple Award Schedule order <input type="checkbox"/> Multi-agency contract order <input type="checkbox"/> Govt-wide acquisition contract order <input type="checkbox"/> Open Market Buy - Select one of the following: <input type="checkbox"/> 8(a)/HUBZone sole source (I.D. Proposed Contractor) <input type="checkbox"/> HUBZone sole source <input type="checkbox"/> 8(a) sole source <input type="checkbox"/> HUBZone competition <input type="checkbox"/> 8(a) competition <input type="checkbox"/> 100% Small Business Set-Aside <input type="checkbox"/> Partial Small Business Set-Aside <input type="checkbox"/> Unrestricted - Insufficient Small Business (attach justification, proposed subcontracting amounts and evaluation preference for SDB's)		12. NAICS Code and Small Business Size Standard:	13. Proposed Synopsis: <input type="checkbox"/> Yes <input type="checkbox"/> No, Per FAR 5.202 <input type="checkbox"/> FEDBIZOPPS <input type="checkbox"/> Other _____
		14. Proposed Issuing Number of Solicitations to: No. _____ 8(a) _____ HUBZone _____ Small Disadvantaged Business (SDB) _____ Women-Owned Small Business (WOSB) _____ Service Disabled Veterans-Owned Small Business (SDVOSB) _____ Veteran-Owned Small Business (VOSB) _____ Small Business (SB) _____ Large Business (LB) _____	15. Is this a bundled procurement? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes - attach supporting documentation/justification)
Procurement History			
16. Has Exact Item/Service Been Previously Awarded? <input type="checkbox"/> Yes (Complete the rest of the section) <input type="checkbox"/> No		17. Period of Performance:	18. Contract Number:
20. Name, Address and business type of Contractor _____ _____ _____ _____ _____ _____ <input type="checkbox"/> HUBZone <input type="checkbox"/> 8(a) <input type="checkbox"/> SDB <input type="checkbox"/> WOSB <input type="checkbox"/> SDVOSB <input type="checkbox"/> VOSB <input type="checkbox"/> SB <input type="checkbox"/> LB		19. SIC/NAICS Code and Small Business Size Standard:	
		21. Total Value:	22. Method of Procurement:
		23. No. of Responses Received _____ 8(a) _____ Veteran-Owned Small Business (VOSB) HUBZone _____ Small Business (SM) Small Disadvantaged Business (SDB) _____ Large Business (LB) Woman-Owned Small Business (WOSB) Service Disabled Veterans-Owned Small Business (SDVOSB)	
24. Signature of Contracting Officer:		Date:	
C: Office of Small Business Programs - OSDDBU/Small Business Administration Procurement Center Representative			
25. <input type="checkbox"/> I concur with the recommendations. <input type="checkbox"/> I recommend soliciting additional sources including those on the attached list. <input type="checkbox"/> I do not concur with the recommendations and request suspension of the procurement action pending an appeal under FAR 19.505.S B A Form 70 is attached.			
26. Signature of OSDDBU/SBA Procurement Center Representative:		Date:	