Reset Form

SMALL BUSINESS SET-ASIDE DETERMINATION AND COORDINATION

1. Procurement Request No.
   Requiring Organization Office Code
   Brief Description of Items or Services to be Procured

2. NAICS Code #
   NAICS Description
   NAICS Size Standard (by dollars or by employees)

3. Total Estimated Cost

4. SIR Solicitation Number or Contract Number

5. Was a market analysis conducted? (If yes, include a copy of the market survey such as the public announcement, SAM, VetBiz, etc. and include a copy of the market analysis.) ○ No ○ Yes

6. The set-aside determination is (check all applicable boxes):

- ☐ a. Total set-aside for Socially and Economically Disadvantaged Business (SEDB) 8(a) Certified concerns
- ☐ b. Total set-aside for Small Business (SB) concerns
- ☐ c. Total set-aside for Service-Disabled Veteran Owned Small Business (SDVSOB) concerns
- ☐ d. Total set-aside for Woman-Owned Small Business (WOSB) concerns
- ☐ e. Partial set-aside for SB concerns
- ☐ f. Total set-aside for Historically Underutilized Business Zone (HUBZone) small business concerns
- ☐ g. Total set-aside for Economically Disadvantaged Woman-Owned Small Business (EDWOSB) concerns
- ☐ h. Tiered Evaluation **(Include market analysis and the tiered order of precedence)**
- ☐ i. No set-aside **(If checked, complete section 7.)**

(Complete section 7. if "i" was selected in section 6.)

7. Basis for no set-aside determination:

- ☐ a. No reasonable expectation of obtaining offers from two or more responsible SEDB 8(a) Certified concerns, SB concerns, SDVOSB concerns, WOSB concerns, EDWOSB concerns, or HubZone small business concerns that are competitive in terms of market prices, quality and delivery.
- ☐ b. Single source **(Attach a signed and approved copy of the Single Source Justification)**

Noncompetitive Award to: **(Attach supporting documentation i.e. rational basis)**

- ☐ c. SEDB 8(a) Certified **in accordance with AMS Policy 3.6.1.3.5**
- ☐ d. SDVOSB **in accordance with AMS Policy 3.6.1.3.6**
- ☐ e. HUBZone small business **in accordance with AMS Policy 3.6.1.3.7**
- ☐ f. WOSB **in accordance with AMS Policy 3.6.1.3.8**
- ☐ g. EDWOSB **in accordance with AMS Policy 3.6.1.3.9**

8. Was this requirement previously procured under the SEDB 8(a) Program or a portion thereof and now being proposed for re-procurement outside of the SEDB 8(a) Program? ○ No ○ Yes

(If yes, provide a rational basis as to why the procurement should be removed and previous award number.)

9. This requirement is (choose one):

- ◯ Consolidated (**Attach written justification for Consolidation**)
- ◯ Bundled (**Attach written justification for Bundling**)
- ◯ N/A

Contracting Officer Name /Organization/Routing Code *(Typed)*

Date

Contracting Officer *(Signature)*

◯ CONCUR ◯ NON-CONCUR

Comments:

Date

Small Business Program Staff *(Signature)*