

SMALL BUSINESS COORDINATION RECORD			REPORT CONTROL SYMBOL DD-AT&L(AR)1862	
1. CONTROL NO. (Optional)	2. PURCHASE REQUEST NO./ REQUISITION NO.	3. TOTAL ESTIMATED VALUE (Including options)	4. SOLICITATION NO./CONTRACT MODIFICATION NO.	
5. BUYER				
a. NAME (Last, First, Middle Initial)		b. OFFICE SYMBOL	c. TELEPHONE (Include Area Code)	
6. ITEM DESCRIPTION (Including quantity)			6a. FEDERAL SUPPLY CLASS/SERVICE (FSC/SVC) CODE	
7. TYPE OF COORDINATION (X one)		8. SMALL BUSINESS SIZE STANDARD		
<input type="checkbox"/> INITIAL CONTACT	<input type="checkbox"/> WITHDRAWAL	a. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE	b. NO. OF EMPLOYEES	c. DOLLARS
9. RECOMMENDATION (X as applicable)		10. ACQUISITION HISTORY (X one)		
YES	NO	(If all recommendations are "No," explain in Remarks.)	a. FIRST TIME BUY	b. PREVIOUS ACQUISITION (X all that apply)
<input type="checkbox"/>	<input type="checkbox"/>	a. SECTION 8(a) (X one)	<input type="checkbox"/>	(1) SECTION 8(a)
<input type="checkbox"/>	<input type="checkbox"/>	(1) COMPETITIVE <input type="checkbox"/> (2) SOLE SOURCE	<input type="checkbox"/>	(2) SDB SET-ASIDE
<input type="checkbox"/>	<input type="checkbox"/>	b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE	<input type="checkbox"/>	(3) HBCU/MI SET-ASIDE
<input type="checkbox"/>	<input type="checkbox"/>	c. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES/ MINORITY INSTITUTIONS (HBCU/MI) SET-ASIDE (List percentage) %	<input type="checkbox"/>	(4) SB SET-ASIDE
<input type="checkbox"/>	<input type="checkbox"/>	d. SMALL BUSINESS (SB) SET-ASIDE (List percentage) %	<input type="checkbox"/>	(5) OTHER (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	e. EMERGING SMALL BUSINESS SET-ASIDE	<input type="checkbox"/>	(6) TWO OR MORE RESPONSIVE SB OFFERS ON PRIOR ACQUISITION
<input type="checkbox"/>	<input type="checkbox"/>	f. EVALUATION PREFERENCE FOR SDBs	<input type="checkbox"/>	(7) ONE OR MORE RESPONSIVE SDB OFFER(S) WITHIN 10% OF AWARD PRICE OF PRIOR ACQUISITION
<input type="checkbox"/>	<input type="checkbox"/>	g. HUBZONE SET-ASIDE	<input type="checkbox"/>	(8) WOMAN OWNED SB
<input type="checkbox"/>	<input type="checkbox"/>	h. HUBZONE SOLE SOURCE	<input type="checkbox"/>	(9) SERVICE-DISABLED VETERAN SB
<input type="checkbox"/>	<input type="checkbox"/>	i. HUBZONE PRICE EVALUATION PREFERENCE	<input type="checkbox"/>	
11. SB PROGRESS PAYMENTS (X one)		12. SUBCONTRACTING PLAN REQUIRED (X one)	13. SYNOPSIS REQUIRED (X one) (If "No," cite FAR 5.202 exception)	
<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 (Last, First, Middle Initial)				
b. SIGNATURE		c. DATE SIGNED (YYYYMMDD)		
17. CONTRACTING OFFICER (X one)			18. SMALL BUSINESS SPECIALIST (X one)	
<input type="checkbox"/> CONCURS	<input type="checkbox"/> REJECTS	<input type="checkbox"/> CONCURS	<input type="checkbox"/> APPEALS	
a. RECOMMENDATIONS (Document rejections on reverse side)			NOTE: Any change in the acquisition plan this coordination record describes will require return for re-evaluation by the SB specialist.	
b. NAME (Last, First, Middle Initial)			a. NAME (Last, First, Middle Initial)	
c. SIGNATURE		d. DATE SIGNED (YYYYMMDD)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)