

## RECORD OF PROCUREMENT REQUEST REVIEW FOR THE SMALL BUSINESS PROGRAM

**INSTRUCTIONS: See Department of Veterans Affairs Acquisition Regulations 819.502-70 and 819.502-71.**

1. LOCATION OF CONTRACTING ACTIVITY	2. CONTRACTING OFFICE CODE	3. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM CODE
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4. DESCRIPTION OF SUPPLIES OR SERVICES

5. ESTIMATED VALUE OF PROCUREMENT, INCLUDING OPTION YEARS	6. NO. OF OPTIONS OR PERIOD OF PERFORMANCE	7. SOLICITATION NO.	8. INCUMBENT CONTRACTOR IS <input type="checkbox"/> 8(A) PROGRAM <input type="checkbox"/> HUBZone <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> OTHER THAN SMALL <input type="checkbox"/> NOT APPLICABLE
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### SMALL BUSINESS PROGRAMS

9. CHECK APPROPRIATE SELECTION BELOW IF A SMALL BUSINESS PROGRAM WILL BE USED IN THIS PROCUREMENT

<input type="checkbox"/> 8(A) PROGRAM	<input type="checkbox"/> SMALL BUSINESS SET-ASIDE	<input type="checkbox"/> VERY SMALL BUSINESS SET-ASIDE
<input type="checkbox"/> HUBZone SET-ASIDE	<input type="checkbox"/> PARTIAL SMALL BUSINESS SET-ASIDE	<input type="checkbox"/> EMERGING SMALL BUSINESS SET-
<input type="checkbox"/> HUBZone Sole Source	VALUE OF SET-ASIDE PORTION IS \$ _____	

### JUSTIFICATION FOR NOT USING A SMALL BUSINESS PROGRAM

10. IF A SMALL BUSINESS PROGRAM IS NOT PROPOSED FOR USE IN THIS PROCUREMENT, CHECK ONE OF THE BELOW REASONS AND PROVIDE THE JUSTIFICATION.

<input type="checkbox"/> SOLE SOURCE/PROPRIETARY	<input type="checkbox"/> INSUFFICIENT SMALL BUSINESS COMPETITION	<input type="checkbox"/> SMALL BUSINESS COMPETITIVENESS DEMONSTRATION PROGRAM
<input type="checkbox"/> URGENCY	<input type="checkbox"/> OTHER ( <i>Specify</i> )	

JUSTIFICATION:

10A. WAS A PRO-NET SEARCH DONE (ALSO ATTACH DOCUMENTATION)

YES                       NO

11. SIGNATURE OF CONTRACTING OFFICER	12. DATE
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### ACTION BY HEAD OF THE CONTRACTING ACTIVITY OR CONTRACTING OFFICIAL ONE HIGHER LEVEL THAN CONTRACTING OFFICER

13. ACTION

CONCUR                       NONCONCUR

REASON FOR NONCONCUR:

14. SIGNATURE OF HCA OR CONTRACTING OFFICIAL ONE HIGHER LEVEL THAN CONTRACTING OFFICER:	15. DATE:
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### ACTION BY SMALL BUSINESS ADMINISTRATION'S PROCUREMENT CENTER REPRESENTATIVE OR VA OSDBU REPRESENTATIVE

16. ACTION

CONCUR                       NONCONCUR

REASON FOR NONCONCUR:

### INFORMATIONAL SUBCONTRACTING GOALS

17. PLEASE ENSURE THAT THE BELOW INFORMATION IS ALSO INSERTED IN THE SOLICITATION. IF AWARDED TO OTHER THAN A SMALL BUSINESS FOR OVER \$1,000,000 FOR CONSTRUCTION OR \$500,000 FOR ALL OTHER AND SUBCONTRACTING OPPORTUNITIES EXIST, THE INFORMATIONAL SUBCONTRACTING GOALS TO BE USED IN THE SOLICITATION ARE

_____ % SMALL BUSINESS	_____ % SMALL DISADVANTAGED BUSINESS	_____ % SERVICE CONNECTED DISABLED VETERAN-OWNED
_____ % WOMEN-OWNED SMALL BUSINESS	_____ % HUBZONE SMALL BUSINESS	_____ % VETERAN-OWNED SMALL BUSINESS

18. SIGNATURE OF SBA PCR OR VA OSDBU REPRESENTATIVE	19. DATE	20. EXPIRATION DATE OF THIS 2268
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**INSTRUCTIONS FOR USE: If procurement is over \$2,500 and under \$100,000 – No form required if a small business program is used. If small business program is not used, form must be completed and signed by the SBA Procurement Center Representative or Head of Contracting Activity. Field activities shall submit this form if the procurement is estimated to exceed \$500,000 to the Office of Small and Disadvantaged business Utilization (OSDBU) and there is no Procurement Center Representative. Central Office activities shall submit this form for all actions exceeding \$100,000 to the Office of Small and Disadvantaged Business Utilization.**

**PART I**

- Item 1. Provide the name and location of the contracting activity. If a consolidated contracting activity, provide the name and location of the consolidated contracting activity.
- Item 2. Provide the contracting office code of the office listed in Item 1.
- Item 3. Provide the North American Industry Classification System (NAICS) code that will be used in the solicitation.
- Item 4. Provide a description of the supplies or services being procured. If this is a consolidated procurement, include the sites the proposed acquisition will cover.
- Item 5. Provide the value of the procurement, including all options.
- Item 6. If the procurement includes options, include the number of options. Otherwise, provide the period of performance.
- Item 7. Provide the solicitation number.
- Item 8. Check the appropriate Block that represents the incumbent contractor. If this is the first solicitation for these requirements, check "Not Applicable". If this is a consolidated procurement and more than one Block applies, check all Blocks that apply.
- Item 9. If a small business program will be used in this procurement, check the appropriate Block, proceed to and complete Items 11 and 12, and file this document in the contract file. *If a small business program will not be used, complete Items 10 through 15.*
- Item 10. Complete only if a small business program will not be used. Check the appropriate Block and provide justification for not using a small business program.
- Item 10A. Was a Pro-Net search done, yes or no and attached documentation.
- Item 11. Signature of the contracting officer who intends to sign the contract.
- Item 12. Complete the date the contracting officer in Item 11 signed this form.
- Item 13. Check either concur or nonconcur by the Head of the Contracting Activity or Contracting Official one higher level than the contracting officer in Item 11. If nonconcur, provide the reason.
- Item 14. Signature of the Head of the Contracting Activity or Contracting Official one higher level than the contracting officer.
- Item 15. Complete the date the individual in Item 14 signed this form.
- Item 16. Check either concur or nonconcur by the Small Business Administration's Procurement Center Representative or VA OSDBU representative. If nonconcur, provide the reason.
- Item 17. If appropriate, Item 17 shall provide the minimum goals to be shown in the solicitation for information purposes only. Informational subcontracting goals are assigned by the SBA or VA's OSDBU representative.
- Item 18. Signature of the PCR or OSDBU Representative.
- Item 19. Date the individual in Item 19 signed this form.
- Item 20. Provide the date of expiration of this 2268, if appropriate. If this 2268 is for a repetitive item, the expiration date may be up to one fiscal year after the date in Item 20.