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)*

- ☐ INITIAL CONTACT
- ☐ MODIFICATION
- ☐ WITHDRAWAL

8. SMALL BUSINESS SIZE STANDARD

a. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE	b. NO. OF EMPLOYEES	c. DOLLARS

9. RECOMMENDATION *(X as applicable)*

YES	NO	*(If all recommendations are "No," explain in Remarks.)*
☐	☐	a. SECTION 8(a) *(X one)*
☐	☐	(1) COMPETITIVE ☐ (2) SOLE SOURCE
☐	☐	b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE
☐	☐	c. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES/ MINORITY INSTITUTIONS (HBCU/MI) SET-ASIDE *(List percentage)* %
☐	☐	d. SMALL BUSINESS (SB) SET-ASIDE *(List percentage)* %
☐	☐	e. EMERGING SMALL BUSINESS SET-ASIDE
☐	☐	f. EVALUATION PREFERENCE FOR SDBs
☐	☐	g. HUBZONE SET-ASIDE
☐	☐	h. HUBZONE SOLE SOURCE
☐	☐	i. HUBZONE PRICE EVALUATION PREFERENCE

10. ACQUISITION HISTORY *(X one)*

- ☐ a. FIRST TIME BUY
- ☐ b. PREVIOUS ACQUISITION *(X all that apply)*
  - ☐ (1) SECTION 8(a)
  - ☐ (2) SDB SET-ASIDE
  - ☐ (3) HBCU/MI SET-ASIDE
  - ☐ (4) SB SET-ASIDE
  - ☐ (5) OTHER *(Specify)*
  - ☐ (6) TWO OR MORE RESPONSIVE SB OFFERS ON PRIOR ACQUISITION
  - ☐ (7) ONE OR MORE RESPONSIVE SDB OFFER(S) WITHIN 10% OF AWARD PRICE OF PRIOR ACQUISITION
  - ☐ (8) WOMAN OWNED SB
  - ☐ (9) SERVICE-DISABLED VETERAN SB

11. SB PROGRESS PAYMENTS *(X one)*

☐ YES ☐ NO

12. SUBCONTRACTING PLAN REQUIRED *(X one)*

☐ YES ☐ NO

13. SYNOPSIS REQUIRED *(X one) (If "No," cite FAR 5.202 exception)*

☐ YES ☐ NO

14. REMARKS

15. REVIEWED BY SMALL BUSINESS ADMINISTRATION (SBA) REPRESENTATIVE

a. NAME *(Last, First, Middle Initial)*	
b. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*

16. LOCAL USE

17. CONTRACTING OFFICER *(X one)*

☐ CONCURS ☐ REJECTS

a. RECOMMENDATIONS *(Document rejections on reverse side)*	
b. NAME *(Last, First, Middle Initial)*	
c. SIGNATURE	d. DATE SIGNED *(YYYYMMDD)*

18. SMALL BUSINESS SPECIALIST *(X one)*

☐ CONCURS ☐ APPEALS

NOTE: Any change in the acquisition plan this coordination record describes will require return for re-evaluation by the SB specialist.

a. NAME *(Last, First, Middle Initial)*		
b. SIGNATURE		c. DATE SIGNED *(YYYYMMDD)*

DD FORM 2579, DEC 2000 PREVIOUS EDITION IS OBSOLETE.

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