

**U.S. DEPARTMENT OF THE INTERIOR
ACQUISITION SCREENING AND REVIEW FORM (DI Form 1886)**

ACQUISITION PLAN

1. Date Prepared:		2. Purchasing Office Identification:			3. Solicitation/Requisition No:						
4. Description of Product or Service and Quantity:					4(b) Product Service Code						
					Code		Title				
					4(c) NAICS Codes						
4 (a) Required Source for Supplies or Services:				Yes		No		Code	Title	Size Standard	
If yes, enter number code (1(a), 2(b), etc.) from Instructions:											
5. Competition		6. Synopsis		7. Cost/Price (Estimate):		8. Solicitation Date (Estimate):		9. Response/ Bid Opening Date (Estimate)			
Competitive	Yes		Yes								
Non-Competitive (Attach Justification unless 8(a))	No		No								
10 Period of Performance:		Projected Base Period : From _____ To _____			Projected Option Periods : From _____ To _____						
11. A. Proposed Method of Procurement <i>check all boxes (a) through (f) that apply.</i>				B. Small Business Preference Program (Check one box (g) through (m))				C. Other			
(a) GSA-FSS Award (Add justification if large bus.)				(g) 8(a) Program (FAR 19)				(n) HBCU/Min. Serv. Institutions (FAR 26)			
(b) Commercial Item (FAR12)				(h) HUBZone Set-Aside (FAR 19)				(o) Performance-Based Acquisition (FAR 37)			
(c) Simplified Acquisition Procedures (FAR 13)				(i) Service-Disabled Veteran-Owned Small Business (FAR 19)				(p) Sole Source (FAR 6)			
(d) Sealed Bidding (FAR 14)				(j) Veteran Owned Small Business				(q) Women Owned Small Business (FAR 19)			
(e) Negotiated (FAR 15)				(k) Total Small Business Set-Aside (FAR 19)							
(f) NOT Set-Aside				(l) Partial Small Business Set-Aside (FAR 19)							
				(m) Buy Indian (FAR 26)							
12. Composition of bidders/sources list, including results of an SBA Dynamic Small Business Search: http://dsbs.sba.gov/dsbs/search/dsp_dsbs.cfm											
(a) Number of Small Businesses						(d) Number of Large Businesses					
(b) Number of Small Disadvantaged Businesses						(e) Number of Women-Owned Businesses					
(c) Number of HUBZone Businesses						(f) Number of Service-Disabled Veteran-Owned Businesses					
13. Basis for Proposed Method of Acquisition					(d) Not Set-Aside for Small Business because :						
(a) Not Set Aside for 8(a) because:					(1) Non-Competitive						
					(2) Insufficient number of qualified Small Businesses.						
					(3) Small Business Competitiveness Demonstration Program (FAR 19.10)						
					(4) See Acquisition History Below						
(b) Not Set Aside for HUBZone because:					(e) Partial Small Business Set-Aside NOT Appropriate (FAR-19.502-3)						
					(14) Contract Bundling (FAR 7.107)			No		Yes	
					If Yes, Substantial Bundling (FAR 7.104(d) (2)):			No		Yes	
c) Not Set-Aside for SDVOSB because:					If either is Yes, provide rationale for Bundling:						

15 Subcontracting (FAR 19.7)						
(a) Subcontracting Plan FAR 19.702(a)(1)				Yes		No
(b) Clauses Included						
• FAR 52.219-8, Utilization of Small Business Concerns				Yes		No
• FAR 52.219-9, Small Business Subcontracting Plan				Yes		No
(c) Subcontracting Goals FAR 19.704(a)(1)				Yes		No
16. Has similar item/service been procured within past 3 years? (If yes, enter previous purchase order/contract number)						
No		Yes				
If yes, indicate method of acquisition (use codes from Block 11 above) and place of performance:						
16a. Method of Procurement:						
b. Preference program or other:						
c. Place of Performance:						
17. If competitive, indicate number of responses received from the following types of businesses for most recent procurement:						
Large	Small	Small/Disadv.	HUBZone	Women-Owned	SDVOSB	Other (Specify)
18. Date of Award		19. Total Cost/Price		20. Name, Address and DUNS of Contractor		
21. Type of Business of most recent award (check all that are applicable):						
Large	Small	Small/Disadv.	HUBZone	Women-owned	SDVOSB	Other (Specify)
22. Signature and Date:*						
Purchasing Agent/Contract Specialist <i>(complete if different than the Contracting Officer)</i>						Date
Contracting Officer						Date
Small Business Specialist						Date
SBA Procurement Center Representative (PCR) or Chief of Contracting Office (CCO)**						Date

Note:

*By providing their signatures, representatives concur and verify that maximum practicable contracting opportunities were provided to Small, Small Disadvantaged, Women Owned, HUB Zone and Service-Disabled Veteran-Owned Small Business Concerns.

**If a PCR is not available, the CCO for the contracting office shall sign in place of the PCR. In the event of a waiver granted by SBA the signature of the CCO for the contracting office is still required.

Instructions: Acquisition Screening and Review Form (DI Form1886)

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- Block 1 Date prepared
- Block 2 Name of office preparing Form.
- Block 3 Enter requisition number and solicitation number if known.
- Block 4 Accurately describe purchase.
- If a product, provide a plain English description, quantity, and delivery date. If applicable, enter the part number, model number, and manufacturer.
 - If a service, provide a plain English description of the type of service required, and place of performance.
 - Use the 5 “Ws” (Who, What, Where, When and Why)
- Block 4(a) In accordance with FAR 8.002 there are required sources for supplies and for services. In descending order of priority the required sources for supplies and services are listed below. If a required source is being utilized, enter the appropriate number code from below in accordance with FAR 8.002.
1. Supplies:
- 1a. Agency inventories,
 - 1b. Excess from other agencies (FAR 8.1),
 - 1c. Federal Prison Industries (UNICOR) (FAR 8.6),
- Supplies on Procurement List maintained by the Committee for Purchase From People Who Are Blind or Severely Disabled (AbilityOne Program, formerly the Javits-Wagner-O’Day Program) (FAR 8.7),
- 1d. Wholesale supply sources,
 - 1e. Mandatory Federal Supply Schedules (FAR 8.4),
 - 1f. Optional use Federal Supply Schedules (FAR 8.4),
 - 1g. Commercial sources (including educational and nonprofit institutions)
2. Services:
- 2a. Services on Procurement List maintained by the Committee for Purchase From People Who Are Blind or Severely Disabled (AbilityOne Program, formerly the Javits-Wagner-O’Day Program) (FAR 8.7),
 - 2b. Mandatory Federal Supply Schedules (FAR 8.4),
 - 2c. Optional use Federal Supply Schedules (FAR 8.4),
 - 2d. Federal Prison Industries (UNICOR) (FAR 8.6)
- Block 4b Enter the relevant Product or Service Code and its title from https://www.acquisition.gov/service_product_codes.pdf
Use the “notes” section or a continuation sheet for multiple line items.
- Block 4c Enter the relevant NAICS Code, and title from <http://www.census.gov/eos/www/naics/> Use the “Notes” section or a continuation sheet for multiple line items. For Size Standards refer to <http://www.sba.gov/contractingopportunities/officials/size/table/index.html>.
- Block 5 Indicate if the purchase is competitive or non-competitive.
- Block 6 Indicate if the purchase is synopsised. If purchase is not synopsised provide rationale.
- Block 7 Enter the government’s cost estimate. Provide background information in the Notes Page if the reasoning behind the estimate is not apparent.
- Block 8 Enter the projected or actual solicitation date.
- Block 9 Enter the offeror or bidder due date.
- Block 10 Enter the projected contract performance period.
- Column 11A Check all applicable boxes.
- Column 11B Check applicable box to indicate the Small Business Preference Program applicable to the

purchase.

Column 11C Check all applicable boxes.

Block 12 Enter the number of contractors for each category. Summarize results of the SBA Dynamic Small Business Search in the Notes.

Block 13 Provide brief explanation why method of procurement was proposed. In boxes (d) and (e), indicate which rationales apply. If not set-aside, provide rationale for decision.

Block 14 Provide the rationale for contract bundling. If substantial bundling is involved, specify actions taken to reduce the detrimental impact to small business.

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Block 15 Under boxes (a) or (b) the acceptable reasons for a No answer are either that the anticipated value of the acquisition is below the dollar threshold or that the acquisition meets one of the exceptions of FAR 19.702(b). For all other No answers, provide an explanation in the Notes.

Block 16 Indicate whether the product or service has been purchased within the previous three years by the office preparing the Form. Enter the contract/order number(s) for the most recent purchases.

In box (a), enter the method of procurement for the most recent purchase using the codes from Block 11A.

In box (b), enter the preference program or other information applicable to the most recent purchase, using the codes from Block 11B and 11C. In box (c), enter the place of performance for the most recent purchase.

Block 17 If the most recent purchase was competitive, enter the number of offers received for categories indicated.

Blocks 18 through 20 Enter the date of award, total cost/price, and the vendor's name and address, including their Data Universal Numbering System (DUNS) identifier, for the most recent purchase.

Block 21 Check all the applicable boxes for the type of business that received the most recent award.

Block 22 The purchasing agent or contract specialist should sign first, and should submit for review by the CO. After the CO's signature, forward the form to the local SBS for review and signature. If PCR review is available, it will be obtained by the SBS. PCR signature is required only when SBA has sent a written notice of interest and where a PCR has been assigned to the bureau or office. If the PCR is not available, the CCO for the contracting office shall be responsible for the final approval. In the event of a waiver granted by SBA the CCO for the contracting office is responsible for final approval.

The completed DI Form 1886 shall be placed in the solicitation file.

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Notes Blank page may be used for continuation of blocks 1-22 if needed. Written explanations should be sufficient to understand rationale for decisions documented. Additional sheets may be attached if necessary.