Form rev. 06/22/2011

Treasury Service Disabled Veteran Owned and Historically Under utilized Business Zone (HUBZone) Review Form

Section I. Background (To be completed by the Contracting Officer)

1. Contracting Officer Last Name	2. Contracting Officer First Name	3. Date of request	4. Bureau
5. Type of Action	**6. Requested Obligation**	**7. Potential Contract Value**	**8. Expected Award Date**
9. Requisition number	**10. Contract/Agreement Number**	**11. Order/Call Number**	**12. NAICS Code**

13. Description of Goods or Services	14. Special instructions or comments for reviewer

Section II. Market Research (To be completed by the Contracting Officer)

15. Number of SDVOSB and HUBZone businesses identified in NAICS	16. List of SDVOSB and HUBZone businesses in NAICS and whether solicited	17. Description of Market Research performed

18. Rationale for not setting aside requirement for SDVOSB or HUBZone business

Section III. Office of the Procurement Executive Review (to be completed by OPE analyst)

19. ☐ No SDVOSBs/HUBZones found in CCR Dynamic Small Business search within applicable NAICS code

20. ☐ SDVOSB/HUBZones identified but determined to not be qualified to perform the work

21. ☐ SDVOSBs/HUBZone businesses found, insufficient information to determine basis for not setting-aside

22. Analyst Recommendations

23. Reviewed By _____ Date _____

Instructions for Completion of COI Compliance Review Sheet

Reference: DTAP 1019.502(c)

Submission instructions: Send completed electronic copy of this form to Crushthegoals@treasuryecm.gov

Section I. Background (To be completed by the Contracting Officer)

Box 1 Enter Last name of Contracting Officer

Box 2 Enter First Name of Contracting Officer

Box 3 Enter date of request

Box 4 Select the Bureau to which the CO reports

Box 5 Select the type of action (new contract/agreement, order/call, modification)

Box 6 Enter amount to be obligated on the instant action

Box 7 Enter potential value of the contract, agreement, or order inclusive of all options

Box 8 Enter expected award date of contract/task order

Box 9 Enter Purchase Request or Requisition number

Box 10 Enter the Contract or Agreement number (if applicable)

Box 11 Enter the Order or Call number (if applicable)

Box 12 Enter the North American Industrial Classification System (NAICS) Code for this action

Box 13 Enter description of goods or services to be provided under the contract, agreement, order, or modification

Box 14 Provide any comments/special instructions for the OPE reviewer

Section II. Market Research (To be completed by the Contracting Officer)

Box 15 Enter the number of SDVOSB and HUBZone businesses identified in the NAICS code

Box 16 List HUBZone and SDVOSB businesses identified within the applicable North American Industrial Classification System (NAICS). Indicate which of these will be solicited.

Box 17 Describe the market research conducted and considered by the contracting officer in making the determination not to set the requirement aside

Box 18 Enter the rationale for not setting-aside the requirement for HUBZone and/or SDVOSB businesses

Section III. Office of the Procurement Executive Review (to be completed by the OPE Analyst)

Box 18 - 20 The OPE analyst will check one of these boxes to indicate whether DSVOSB or HUBZone Businesses were found in the NAICS code, if found if they were determined to be unqualified, or if there is insufficient information to determine basis for not setting aside action.

Box 21 The OPE analyst will enter his or her recommendations

Box 22 Enter the name of the reviewing OPE analyst and the date the analysis was conducted