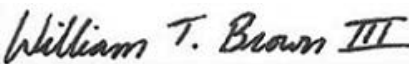


SMALL BUSINESS COORDINATION RECORD
(See DFARS PGI 253.219-70 for form completion instructions.)

1. CONTROL NO. (Optional) 23-14	2. PURCHASE REQUEST/ REQUISITION NO.	3. TOTAL ESTIMATED VALUE (With options) \$53,120.00	4a. PIID W911YP-23-R-0025	b. IDV PIID (If applicable)	5. MOD/AMDMT NO.
6a. CONTRACTING OFFICER NAME (Last, First, Middle Initial) BROWN, WILLIAM			b. DODAAC W911YP		c. OFFICE SYMBOL W911YP
d. E-MAIL ADDRESS william.t.brown68.civ@army.mil			e. TELEPHONE NUMBER (Include Area Code) (801) 432-4273		
7a. ITEM AND/OR SERVICE DESCRIPTION SFG(A) Blast Gauges. Measures sound/blast pressure in order to help protect against and/or document brain injuries due to blast exposure.					
b. PRODUCT OR SERVICE CODE 8465		c. NAICS CODE 334519		d. SIZE STANDARD Number of Employees: 600	
8. PERIOD OF PERFORMANCE/DELIVERY DATES (Including options) 11/5/2023		9. PURPOSE OF COORDINATION (X one)		<input checked="" type="checkbox"/> Initial Coordination	<input type="checkbox"/> Withdrawal <input type="checkbox"/> Change
10. RECOMMENDATION (X all that apply)					
<input type="checkbox"/> a. SMALL BUSINESS SET-ASIDE (X one)		<input type="checkbox"/> b. SECTION 8(a) (X one)			
<input type="checkbox"/> 100% <input type="checkbox"/> Partial _____ %		<input type="checkbox"/> Competitive <input type="checkbox"/> Sole Source			
<input type="checkbox"/> c. HISTORICALLY UNDERUTILIZED BUSINESS ZONE (HUBZone) SMALL BUSINESS (X one)		<input type="checkbox"/> d. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (SDVOSB) (X one)			
<input type="checkbox"/> Competitive <input type="checkbox"/> Sole Source		<input type="checkbox"/> Competitive <input type="checkbox"/> Sole Source			
<input type="checkbox"/> e. ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) SET-ASIDE		<input type="checkbox"/> f. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER WOSB PROGRAM SET-ASIDE			
<input type="checkbox"/> g. OTHER SET-ASIDE (Cite authority, e.g., FAR 26.202-1 or 6.208; or DFARS 226.71)		<input type="checkbox"/> h. OTHER THAN FULL AND OPEN COMPETITION NOT PREVIOUSLY ADDRESSED			
<input checked="" type="checkbox"/> i. FULL AND OPEN COMPETITION (Complete block 13)		<input type="checkbox"/> j. MULTIPLE AWARD <input type="checkbox"/> Contract <input type="checkbox"/> Delivery/Task Order			
<input type="checkbox"/> HUBZONE PRICE EVALUATION PREFERENCE (Ref. FAR 19.1307)		<input type="checkbox"/> Reserves (FAR 19.5) (List type(s) of small business, e.g., WOSB, SDVOSB)			
11a. MARKET RESEARCH/ACQUISITION PLAN See page 3.					
b. SYNOPSIS REQUIRED (X one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Provide FAR 5.202 exception) _____			c. SMALL BUSINESS PROGRESS PAYMENTS (X one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(NOTE: Synopsis not required if <\$25,000; see FAR 5.101(a)(1).)					
12. CONSOLIDATED OR BUNDLED (X as applicable)					
a. CONSOLIDATED REQUIREMENT (Attach required documentation per DFARS 207.170.)			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b. BUNDLED REQUIREMENT (Attach required documentation per FAR 7.107 including benefit analysis.)			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
13. SUBCONTRACTING PLAN REQUIRED (X one)			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

14. ACQUISITION HISTORY			
a. IS THIS A NEW REQUIREMENT (<i>X one</i>)			
<input checked="" type="checkbox"/> Yes (<i>Proceed to Block 15</i>) <input type="checkbox"/> No (<i>Continue to Blocks a(1) through (10), marking all that apply for the immediately preceding acquisition.</i>)			
<input type="checkbox"/> (1) SMALL BUSINESS SET-ASIDE (<i>X one</i>) <input type="checkbox"/> 100% <input type="checkbox"/> Partial _____ %		<input type="checkbox"/> (2) SECTION 8(a) (<i>X one</i>) <input type="checkbox"/> Competitive <input type="checkbox"/> Sole Source	
<input type="checkbox"/> (3) HISTORICALLY UNDERUTILIZED BUSINESS ZONE (HUBZone) SMALL BUSINESS (<i>X one</i>) <input type="checkbox"/> Competitive <input type="checkbox"/> Sole Source		<input type="checkbox"/> (4) SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (SDVOSB) (<i>X one</i>) <input type="checkbox"/> Competitive <input type="checkbox"/> Sole Source	
<input type="checkbox"/> (5) ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) SET-ASIDE		<input type="checkbox"/> (6) WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER WOSB PROGRAM SET-ASIDE	
<input type="checkbox"/> (7) OTHER SET-ASIDE (<i>Cite authority, e.g., FAR 26.202-1 or 6.208; or DFARS 226.71</i>)		<input type="checkbox"/> (8) OTHER THAN FULL AND OPEN COMPETITION NOT PREVIOUSLY ADDRESSED	
<input type="checkbox"/> (9) FULL AND OPEN COMPETITION (<i>Complete block 13</i>)		<input type="checkbox"/> (10) MULTIPLE AWARD <input type="checkbox"/> Contract <input type="checkbox"/> Delivery/Task Order	
<input type="checkbox"/> HUBZONE PRICE EVALUATION PREFERENCE (<i>Ref. FAR 19.1307</i>)		<input type="checkbox"/> Reserves (<i>FAR 19.5</i>) (<i>List type(s) of small business, e.g., WOSB, SDVOSB</i>)	
b. PREVIOUSLY CONSOLIDATED OR BUNDLED? (<i>X as applicable</i>)			
<input type="checkbox"/> (1) CONSOLIDATED <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> (2) BUNDLED <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. DETAILS OF PREVIOUS AWARD (S) (<i>List details requested in instructions. Attach additional page(s) if necessary.</i>)			
15. CONTRACTING OFFICER			
a. NAME (<i>Last, First, Middle Initial</i>)		b. E-MAIL ADDRESS	
BROWN, WILLIAM		william.t.brown68.civ@army.mil	
c. SIGNATURE		Digitally signed by BROWN.WILLIAM.THOMAS.III.1055355610 Date: 2023.08.09 08:17:31 -06'00'	d. DATE SIGNED (YYYYMMDD) 20230809
			
16. SMALL BUSINESS PROFESSIONAL/SMALL BUSINESS DIRECTOR REVIEW			
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-Concur		a. NAME (<i>Last, First, Middle Initial</i>)	b. E-MAIL ADDRESS
		MERLETTE, JOHN B	john.b.merlette.civ@army.mil
c. SIGNATURE		d. DATE SIGNED (YYYYMMDD)	e. DATE ACQUISITION PACKAGE PROVIDED TO SBA (<i>FAR 19.202-1(e)</i>) (YYYYMMDD)
MERLETTE.JOHN.BARTON.JR.1 158201590 Digitally signed by MERLETTE.JOHN.BARTON.JR.1158201590 Date: 2023.08.09 08:37:05 -06'00'		20230809	20230809
f. SMALL BUSINESS PROFESSIONAL/SMALL BUSINESS DIRECTOR REMARKS			
17. SBA PROCUREMENT CENTER REPRESENTATIVE REVIEW			
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Non-Concur		a. NAME (<i>Last, First, Middle Initial</i>)	b. E-MAIL ADDRESS
		NEVILLE, CODY J	cody.neville@sba.gov
c. SIGNATURE		d. DATE SIGNED (YYYYMMDD)	
CODY NEVILLE Digitally signed by CODY NEVILLE Date: 2023.08.10 07:34:01 -06'00'		20230810	
e. SBA PROCUREMENT CENTER REPRESENTATIVE REMARKS			
see BNJA and Policy Memorandum			
18. CONTRACTING OFFICER REVIEW			
<input type="checkbox"/> Concur with PCR recommendation <input type="checkbox"/> Reject PCR recommendation		a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)
c. CONTRACTING OFFICER REMARKS			
See page .			

11a. MARKET RESEARCH/ACQUISITION PLAN (continued)

Market research conducted on FPDS.gov resulted in finding many awards for "blast gauge." The "blast gauge" search in FPDS resulted in 19 pages. The majority of awards went to "Blackbox Biometrics" and appear similar, if not identical, to this requirement. Ten (10) other vendors also appear to have similar Blast Gauge awards.

- The NAICS is determined to be 334519 by reviewing the awards in FPDS.gov.
- None of the awards for "blast gauge" in FPDS were awarded to a small business registered under 334519.
- This blast gauge product is specified by SOCOM. No other model/brand is authorized.

18c. CONTRACTING OFFICER REMARKS (continued)