

Form CD-570 <span style="float: right;">U.S. Department of Commerce</span> <b>SMALL BUSINESS SET-ASIDE REVIEW</b>	
1. PROCURING OFFICE Contracting Office: _____ Contract Specialist: _____ Telephone Number: _____ Building/Room Number: _____	2. REQUESTING OFFICE Program Office: _____ Requisitioner: _____ Telephone Number: _____ <b>Requisition Number:</b> _____
3a. DESCRIPTION/TITLE  <input type="checkbox"/> New <input type="checkbox"/> Recompete <input type="checkbox"/> Contract Modification	4. ESTIMATED ACQUISITION SCHEDULE Proposed Synopsis Date: _____ Contract Award Date: _____ Period of Performance: _____
3b. Estimated Total Contract Value: \$ _____	6. PROPOSED SOURCES (Indicate number of sources considered for each category. Attach a list of the sources.)  _____ Small Business                      _____ HUBZone SB _____ Women-Owned SB                      _____ 8(a) _____ SDB    _____ VOSB _____ SDVOSB    _____ Other (Specify: _____)
3c. Subcontracting Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No 3d. Consolidated Requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No 3e. Non-Manufacturer Rule Waiver Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	5. SMALL BUSINESS SIZE STANDARD NAICS Code: _____                      Number of Employees: _____ Dollar Amount: \$ _____
7. RECOMMENDED ACTION (select only one) <input type="checkbox"/> Small Business Set-Aside <input type="checkbox"/> HUBZone Set-Aside <input type="checkbox"/> SBA 8(a) Program <input type="checkbox"/> GSA (or other Agency Contract) <input type="checkbox"/> Large Business with Subcontracting Goals <input type="checkbox"/> Other (Specify: _____) <input type="checkbox"/> Set-Aside Not Recommended (Attach Justification)	
8. CONTRACT SPECIALIST/OFFICER: _____ (Signature & Date)	
9. REVIEW BY BUREAU SMALL BUSINESS SPECIALIST: <input type="checkbox"/> Recommendation Accepted <input type="checkbox"/> Recommendation Not Accepted <input type="checkbox"/> Other Comments _____ (Signature & Date)	
10. REVIEW BY OSDBU: <input type="checkbox"/> Recommendation Accepted <input type="checkbox"/> Recommendation Not Accepted <input type="checkbox"/> Other Comments _____ (Signature & Date)	
11. REVIEW BY SMALL BUSINESS ADMINISTRATION: <input type="checkbox"/> Recommendation Accepted <input type="checkbox"/> Recommendation Not Accepted <input type="checkbox"/> Other Comments _____ (Attach Form 70) SBA PCR (Signature & Date)	
12. CONTRACT AWARD INFORMATION Contractor Name & Address: _____ Contract Number: _____                      Contract Amount: \$ _____ <input type="checkbox"/> SB Set-Aside <input type="checkbox"/> HUBZone <input type="checkbox"/> GSA (or Agency Contract) <input type="checkbox"/> SBA 8(a) Program <input type="checkbox"/> Other (Specify: _____) _____ CONTRACTING OFFICER (Signature & Date)	

[Form CD-570 Instructions](#)