

DOT PROCUREMENT FORECAST FORM

Part I. *Italicized* items must be completed prior to submitting to S-40/DOT OSDBU please print clearly

1. Procurement Category Choose the most appropriate category below to describe the procurement (check one):

- | | |
|---|---|
| <input type="checkbox"/> A1 A&E Services | <input type="checkbox"/> M2 Manufacturing |
| <input type="checkbox"/> B1 Business Services | <input type="checkbox"/> M3 Misc. Durable Goods |
| <input type="checkbox"/> C1 Commercial Equipment | <input type="checkbox"/> M4 Motor Vehicle Supplies |
| <input type="checkbox"/> C2 Computer Related Services | <input type="checkbox"/> O1 Office Equipment |
| <input type="checkbox"/> C3 Computer and Peripherals | <input type="checkbox"/> O2 Office Furniture |
| <input type="checkbox"/> C4 Construction | <input type="checkbox"/> O3 Office Supplies |
| <input type="checkbox"/> C5 Construction Materials | <input type="checkbox"/> P1 Professional Equipment |
| <input type="checkbox"/> E1 Education Services | <input type="checkbox"/> R1 Recreational Services |
| <input type="checkbox"/> E2 Engineering Services | <input type="checkbox"/> R2 Repair Services |
| <input type="checkbox"/> E3 Environmental Services | <input type="checkbox"/> S1 Services (not listed) |
| <input type="checkbox"/> H1 Health Services | <input type="checkbox"/> S2 Supplies (not listed) |
| <input type="checkbox"/> I1 Industrial Services | <input type="checkbox"/> T1 Transportation Services |
| <input type="checkbox"/> I2 Industrial Supplies | <input type="checkbox"/> T2 Transportation Supplies |
| <input type="checkbox"/> L1 Legal Services | <input type="checkbox"/> V1 Vessel Building/Repair |
| <input type="checkbox"/> M1 Management Services | |

2. Operating Administration:

3. Sequence #:

4. North American Industry Classification System (NAICS) (Optional):

5. Contract Information Systems (CIS) Procurement Office Number. 2 digit number:

6. Point of Contact (POC) Name:

7. POC Telephone #: ()

8. POC E-mail. (Optional):

9. Description Clearly describe the item to be procured, the nature of the program involved (if applicable), and the quantity(s) to be procured:

10. Comments Include additional information of interest to potential sources beyond what we provided elsewhere on the form e.g., the name of the incumbent contractor, the cut-off date for receipt of capability statements from 8(a) firms, etc.:

11. Estimated Dollar Range Select the dollar range of the total action including the value of any options:

- A Over \$100,000 to \$500,000
 B Over \$500,000 to \$3 million
 C Over \$3 million to \$5 million
 D Over \$5 million to \$10 million
 E Over \$10 million

12. Estimated Solicitation Release Date Quarter and Fiscal Year:

- 1 1st Qtr FY _____
 2 2nd Qtr FY _____
 3 3rd Qtr FY _____
 4 4th Qtr FY _____

13. Is the requirement for a commercial item buy in accordance with FAR Part 12? (Optional):

- Y Yes N No

14. Acquisition Strategy Select the appropriate acquisition strategy (check one):

- 8aC 8(a) Competitive
 8aNC 8(a) Non-Competitive
 SBSA Small Business Set-Aside
 SS Sole Source
 FO Full and Open
 HSBSA HUBZONE SBSA

15. Is this a follow-on to a current 8(a) contract? (Optional)

- Y Yes N No

Part II. FOR OPERATING ADMINISTRATION USE ONLY:

Originating Office _____ POC _____ Phone _____ Date _____

Authorized by _____ Date _____ Update New

Notes: _____