



**USAID**  
FROM THE AMERICAN PEOPLE

**OFFICE OF SMALL AND DISADVANTAGED BUSINESS UTILIZATION**  
**SMALL BUSINESS REVIEW – CONFIDENTIAL** *(Required for actions at or above \$250,000)*

**PRIVACY ACT STATEMENT**

**Authority:** Codified at 40 U.S.C § 121 (2002); 51 U.S.C § 20113 (2021); 48 Fed. Reg. 42240, Sept. 19, 1983, and Exec. Order No. 14091, 88 FR 10825 (2023).

**Purpose:** To collect procurement information to ensure to provide maximum practicable opportunities in acquisitions to small business, Veteran-Owned Small Business, Service-Disabled Veteran-Owned Small Business, Historically Underutilized Business Zones, Small Business, Small Disadvantaged Business, and Women-Owned Small Business concerns.

**Routine Uses:** The procurement data is used by the U.S. Agency for International Development (USAID) to ensure small businesses have the maximum practicable opportunity to participate in contracting mechanisms. This information ensures small businesses are receiving a fair share of Federal procurements, including contract opportunities under the programs administered under the Small Business Act. The Office of Small and Disadvantaged Business Utilization (OSDBU) can make recommendations in accordance with agency procedures as to whether a particular acquisition should be awarded under subpart 19.5 as a small business set-aside, under subpart 19.8 as a section 8(a) award, under subpart 19.13 as a historically underutilized business zone (HUBZone) set-aside, under subpart 19.14 as a set-aside for service-disabled veteran-owned small business (SDVOSB) concerns eligible under the SDVOSB Program, or under subpart 19.15 as a set-aside for economically disadvantaged women-owned small business (EDWOSB) concerns or women-owned small business (WOSB) concerns eligible under the WOSB Program.

**Disclosure:** Providing procurement information is voluntary. However, failure to provide any of the requested information may delay or prevent action on your offer for award of a contract. This form is considered Sensitive But Unclassified (SBU) when filled in.

OSDBU Control Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**A. Contracting Activity and Bureau/Mission Office Data:**

Attached copy of SOW and/or A and A: Yes [ ] No [ ]

2.a.  
Bureau/Mission/Independent Office:  
\_\_\_\_\_  
CO Contact Information: \_\_\_\_\_  
Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
COR Name: \_\_\_\_\_

2.b. [ ] New Requirement  
[ ] Recompetition [ ] Other  
Description of Services or Product :  
\_\_\_\_\_  
Solicitation Number: \_\_\_\_\_  
RFP/RFQ Est. Release Date: \_\_\_\_\_  
Est. Award Date: \_\_\_\_\_  
NAICS Code Size Standard: \_\_\_\_\_

<b>B. Procurement Data:</b> Proposed Method: <i>(Check all that apply)</i>	
3.a. <input type="checkbox"/> Set-Aside <input type="checkbox"/> Sole Source <input type="checkbox"/> Partial Set- Aside _____ Percent or \$ _____ <input type="checkbox"/> 8(a) <input type="checkbox"/> HUBZone <input type="checkbox"/> SDVOSB <input type="checkbox"/> Total Small Business	3.b. <input type="checkbox"/> Unrestricted /Full and Open (Insufficient Sm. Businesses) <i>"Attach Justification"</i> <input type="checkbox"/> JOFOC (Authority): <input type="checkbox"/> Contract/IQC No: _____ <input type="checkbox"/> GSA Schedule No: _____ <input type="checkbox"/> BPA/BOA: _____ <input type="checkbox"/> Task Order: _____ <input type="checkbox"/> Other: _____
4.a. Total Estimated Value (Including Options): \$ _____ Base: \$ _____ Options: \$ _____ 4.b. Period of Performance (including Options or Delivery Date): _____	
5. Bundling Checklist Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach support documentation {FAR 7.107(a)}	6. Subcontracting Plan required? <input type="checkbox"/> Yes <input type="checkbox"/> No Mentor Protégé Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>C. Market Research:</b> Market Research/Publications Efforts to locate sources within last 12 months	
7.a. <input type="checkbox"/> System for Award Management (SAM) <input type="checkbox"/> Dynamic Small Business Search <input type="checkbox"/> Sources Sought Notice <b>(Copy Attached)</b> <input type="checkbox"/> Request for Information (RFI) <b>(Copy Attached)</b> <input type="checkbox"/> Review of Prior or Similar Acquisition <input type="checkbox"/> Market Survey <b>(Copy Attached)</b> <input type="checkbox"/> Other: _____	7.b. Market Research Responses <i>(Actual Numbers)</i> _____ Small Business _____ 8(a) _____ SDVOSB _____ HUBZone _____ WOSB/EDWOSB _____ SDB _____ Large Business Comments: If needed, attach additional market research comments.
<b>D. Procurement History</b>	
8. Previous Contract Number: _____ Contractor Name: _____ Size/Type of Ownership: _____ Previous NAICs Code/Size Std.: _____	Number of Offers from Small Business Concerns: _____ Award Date: _____ Total Amount of Contract Award: _____

Contracting Official ( <b>Comments</b> ):	
OSDBU ( <b>Comments</b> ):	
<b>E. Activity Review and Approval</b>	
<p>9. Contracting Officer</p>          <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Signature</span> <span>Date</span> </div>	<p>10. OSDBU Representative  <input type="checkbox"/> Concur <input type="checkbox"/> Non-concurrence</p>          <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Signature</span> <span>Date</span> </div>



### Instructions for Completing AID Form 321-1 (Formerly AID 1410-14)

**Note:** *The CO will complete and submit a AID Form 321-1 (04/2024)(Formerly AID 1410-14) for actions at or above SAT, including actions issued via GSA Schedules. The CO will email the form and documentation to [osdbusmallbusinessreview321-1@usaid.gov](mailto:osdbusmallbusinessreview321-1@usaid.gov).*

#### ACTIVITY INFORMATION (ITEMS 1 – 5)

1. Enter the solicitation number. Indicate acquisition instrument/contract type by checking appropriate box:

- Contract number for a Modification
- IQC or Task Order number
- GSA Schedule number
- GWAC Contract number
- BPA number

In accordance with PL 100-656, each bureau and Independent Office (IO) is required to post its Forecast Information on the agency's website [http://transition.usaid.gov/business/business\\_opportunities/forecast/forecast.html](http://transition.usaid.gov/business/business_opportunities/forecast/forecast.html).

2. Enter Contracting Official's Bureau/Mission/Office, Telephone, Fax and e-mail.

3. Enter the item/service description or activity title.

4. Enter the total estimated dollar value of the contract, including all options. If necessary attach information.

5.a. Enter the estimated period of performance, including any option periods, using the date format in accordance to the USAID Style Guide.

5.b. Indicate whether the solicitation will be issued within 30 days, 90 days or six months after the small business review.

#### ACTIVITY CONSIDERATIONS (ITEMS 6 – 13)

6. Enter the appropriate North American Industrial Classification System (NAICS). You may contact the OSDBU to seek advice regarding your selection (202) 567-4730.

7. Check the box which corresponds to the type of acquisition:

- "New Requirement" if a first time purchase of products or services.
- "Recompetition" if re-competing a previous acquisition. Also, provide historical information for the requirement. For Type of Ownership, list SDB, 8(a), WOSB, EDWOSB, VOSB, SDVOSB, HUBZone or SB as applicable.
- "Other"-Provide an explanation.

8. Indicate response to Bundling/Consolidation. *[Note, FAR 7.104(d) (2) identifies threshold for applicability.]* If the total contract value is estimated below this threshold, check N/A. If this requirement is the result of bundled or consolidation requirements, the OSDBU must concur.

9. Indicate resources utilized and attach supporting documentation. Create an account to access the System for Award Management (SAM) and to conduct a search of capable sources qualified to receive Federal contracts (<https://www.sam.gov/portal/public/SAM/>). SAM was previously the Central Contractor Registration (CCR).

10. Check the appropriate box(es) which indicates the proposed acquisition method. If the procurement is 8(a) and exceed the Simplified Acquisition Threshold (SAT), include a copy of the U.S. Small Business Administration (SBA) offering letter in accordance with FAR Part 19.804-2. You may visit SBA's website to identify the SBA District Office that corresponds to the vendor's headquarters (<https://www.sba.gov/about-sba/sba-locations/sba-district-offices>).



11. Identify applicable response(s) to support CO's decision to consider other than small business concerns or set asides.
12. Check appropriate box and refer to FAR 5.202 to indicate the specific exemption.
13. A subcontracting plan is required if the CO anticipates the estimated contract value may exceed \$650K or \$1.5M for construction (FAR 19.702(a)(1) and (2)). If a subcontracting plan is not required, attach approved waiver (FAR 19.705-2(c)). OSDBU concurrence is required. Visit SBA's Mentor Protégé Program website:  
<https://www.sba.gov/federal-contracting/contracting-assistance-programs/sba-mentor-protege-program>.

**ACTIVITY REVIEW AND APPROVAL  
(ITEMS 14 – 15)**

14. The CO who has the authority to bind the government will make a determination, sign and date the AID Form 321-1/AID 321-1.
15. The OSDBU representative will sign, date and indicate concurrence or non-concurrence. If OSDBU non-concurs, the CO must address OSDBU's comments.