

**SMALL BUSINESS COORDINATION RECORD**

<b>1. CONTROL NO. (Optional)</b>	<b>2. PURCHASE REQUEST NO./ REQUISITION NO.</b>	<b>3. TOTAL ESTIMATED VALUE (Including options)</b> \$20,000,000.00	<b>4. SOLICITATION NO./CONTRACT MODIFICATION NO.</b> F01620-03-R0014
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<b>5. BUYER</b>		<b>c. TELEPHONE (Include Area Code)</b> (334) 416-6324
<b>a. NAME (Last, First, Middle Initial)</b> BADER, SANDI E.	<b>b. OFFICE SYMBOL</b> HQ SSG/AQE	

<b>6. ITEM DESCRIPTION (Including quantity)</b>	<b>6a. FEDERAL SUPPLY CLASS/SERVICE (FSC/SVC) CODE</b>
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The contract will provide the products, hardware, software, firmware, solutions and services except when provided by the Government for the implementatin of Network -Centric Information Technology, Networking, Telephone, and Security (NCINTS).


<b>7. TYPE OF COORDINATION (X one)</b>			<b>8. SMALL BUSINESS SIZE STANDARD</b>		
<input checked="" type="checkbox"/> a. INITIAL CONTACT	<input type="checkbox"/> b. MODIFICATION	<input type="checkbox"/> c. WITHDRAWAL	<b>a. STANDARD INDUSTRY CODE (SIC)</b> 517110	<b>b. NO. OF EMPLOYEES</b> 1500	<b>c. DOLLARS</b>

<b>9. RECOMMENDATION (X as applicable) (If all recommendations are "No," explain in Remarks.)</b>		<b>10. ACQUISITION HISTORY (X one)</b>	
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> a. FIRST TIME BUY	<input type="checkbox"/> b. PREVIOUS ACQUISITION (X all that apply)
<input checked="" type="checkbox"/> a. SECTION 8(a) (X one) <input type="checkbox"/> (1) Competitive <input type="checkbox"/> (2) Sole Source		<input type="checkbox"/> (1) Section 8(a) <input type="checkbox"/> (2) SDB Set-Aside <input type="checkbox"/> (3) HBCU/MI Set-Aside <input type="checkbox"/> (4) SB Set-Aside <input type="checkbox"/> (5) SB - SP Set-Aside <input type="checkbox"/> (6) Other (Specify) <input type="checkbox"/> (7) Two or more responsive SB offers on prior acquisition <input type="checkbox"/> (8) One or more responsive SDB offer(s) within 10% or award price of prior acquisition	
<input checked="" type="checkbox"/> b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE	<input checked="" type="checkbox"/> c. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES/MINORITY INSTITUTIONS (HBCU/MI) SET-ASIDE (List percentage) %	<input checked="" type="checkbox"/> d. SMALL BUSINESS (SB) SET-ASIDE (List percentage) %	<input checked="" type="checkbox"/> e. EMERGING SMALL BUSINESS SET-ASIDE
<input checked="" type="checkbox"/> f. EVALUATION PREFERENCE FOR SDBs	<input checked="" type="checkbox"/> g. SMALL BUSINESS - SMALL PURCHASE (SB-SP) SET-ASIDE	<b>13. SYNOPSIS REQUIRED (X one)</b> <input checked="" type="checkbox"/> a. YES <input type="checkbox"/> b. NO <span style="float:right">(If "No," cite FAR 5.202 exception)</span>	



<b>11. SB PROGRESS PAYMENTS (X one)</b>		<b>12. SUBCONTRACTING PLAN REQUIRED (X one)</b>	
<input checked="" type="checkbox"/> a. YES	<input type="checkbox"/> b. NO	<input checked="" type="checkbox"/> a. YES	<input type="checkbox"/> b. NO

**14. REMARKS**  
 Small Disadvantaged Business goal is 5%. Woman-owned Small Business goal is 5%. Veteran-owned and Disabled Veteran-owned Small Business Goal is 3%. The overall total goal for Small Business is 20%. Will evaluate for proposed increased goals as contract matures.

Total overall goal is 40% (20% prime awards/20% subcontracting). Multiple award which includes 4 of 9 awards set-aside for SB. In addition, task orders will use set-asides to meet total SB goal achievement per Telcon of 17 DEC. sfc

<b>15. REVIEWED BY SMALL BUSINESS ADMINISTRATION (SBA) REPRESENTATIVE</b>	<b>16. LOCAL USE</b>
<b>a. NAME (Last, First, Middle Initial)</b> CREAN, SEAN F.	
<b>b. SIGNATURE</b> 	<b>c. DATE SIGNED</b> 19DEC 03

<b>17. CONTRACTING OFFICER (X one)</b>	<b>18. SMALL BUSINESS SPECIALIST (X one)</b>
<input checked="" type="checkbox"/> a. CONCURS <input type="checkbox"/> b. REJECTS	<input checked="" type="checkbox"/> a. CONCURS <input type="checkbox"/> b. APPEALS
<b>c. RECOMMENDATIONS (Document rejections on reverse side)</b>	<b>NOTE:</b> Any change in the acquisition plan this coordination record describes will require return for re-evaluation by the SB specialist.

<b>a. NAME (Last, First, Middle Initial)</b> CREWS, CYNTHIA C.	<b>c. NAME (Last, First, Middle Initial)</b> SHANNON, ROSA L.
<b>b. SIGNATURE</b> 	<b>d. SIGNATURE</b> 
<b>e. DATE SIGNED (YYMMDD)</b> 031218	<b>e. DATE SIGNED (YYMMDD)</b> 031218