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**Commerce Acquisition Manual CAM**  
**Notice 25-03**

- 1. Title or Purpose:** Small Business Programs
- 2. File in:** Commerce Acquisition Manual (CAM) Part 19, Subpart 70  
1319.70
- 3. Effective:** December 3, 2024
- 4. Applicability:** The requirements of this chapter are applicable to all acquisitions within the Department of Commerce and its Operating Units and Offices.
- 5. Supersedes:** This notice supplements CAM 1319.70, Small Business Programs (February 2024) and CAM Notice 24-09 (April 2024)
- 6. Summary:** The purpose of this memorandum is to implement the procedures outlined in the Office of Small and Disadvantaged Business Utilization memorandum 2025-01, Acquisition Review Procedures. If a conflict exists between review procedures outlined in CAM 1319.70 and the memorandum, the memorandum shall take precedence. These review procedures will be incorporated into the next revision of CAM 1319.70. The memorandum is attached to this notice.

**OLIVIA**  
**BRADLEY**

Digitally signed by OLIVIA  
BRADLEY  
Date: 2024.12.02 15:31:55  
-05'00'

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Olivia J. Bradley  
Senior Procurement Executive and  
Director for Acquisition Management



## OSDBU MEMORANDUM 2025-01

MEMORANDUM FOR All Department of Commerce Employees

FROM: Jamala A. Peyton  
Executive Director

**JAMALA  
PEYTON** Digitally signed by  
JAMALA PEYTON  
Date: 2024.11.18  
14:24:21 -05'00'

SUBJECT: Acquisition Review Procedures

### Authorities

The Office of Small and Disadvantaged Business Utilization (OSDBU) is responsible for the implementation and execution of the functions and duties pertaining to the Department of Commerce (DOC) under the Small Business Act (15 U.S.C. 631, et seq.) and related legislation, Executive Orders, and regulations.

### Purpose

This memorandum outlines review procedures of proposed acquisitions and subcontracting plans to ensure small business concerns are provided the maximum practicable opportunity to participate in DOC procurements.

### Policy

#### Acquisition Reviews

In accordance with Federal Acquisition Regulation (FAR) subpart 19.2 and Department Organization Order (DOO) 15-9, the small business specialist (SBS), OSDBU and Small Business Administration (SBA) Procurement Center Representative (PCR) may review any acquisition to determine whether a set-aside or sole-source award to a small business under one of SBA's programs is appropriate and/or to identify alternative strategies to maximize the participation of small businesses in the procurement. This includes actions deemed to be of special interest that fall outside regular reviews described later in this section.

The Small Business Coordination Record (Form CD-570) is required for all new, recompetes, and follow-on contracts to include blanket purchase agreements (BPA), basic agreements, basic ordering agreements, and orders regardless of vehicle including Federal Supply Schedule, Governmentwide Acquisition Contracts, indefinite delivery vehicles (IDV), etc.

Contracting officers (CO) must ensure acquisition packages are concurred with the assigned bureau SBS, OSDBU designated official, and/or the PCR in accordance with the following review matrix except for, (1) orders against a DOC/Bureau single award IDV or single award FAR 8.405-3 BPA, and (2) socioeconomic set-asides other than the 8(a) Program (e.g. service-disabled veteran-owned small business, women-owned small business, etc.):

Acquisition Value	CO Determination	Required Review and Concurrence
Greater than the Micro Purchase Threshold, but less than or equal to the Simplified Acquisition Threshold (SAT)	Unrestricted or Sole Source (SS) to entities other than small businesses (OTSB)	CO, SBS
Greater than the SAT	All	CO, SBS
Greater than \$2.5M	Unrestricted or SS to OTSB	CO, SBS, OSDBU, PCR
<b>Other Scenarios</b>		
Modification to OTSB contract that increases total contract value over the subcontracting plan threshold*		CO, SBS
Consolidation >\$2M; Bundling		CO, SBS, OSDBU, PCR
All 8(a) actions (including releases; reference FAR 19.815 and 13 CFR 124.504(d)(1))		CO, SBS (OSDBU for releases)

\* The SBS and PCR must be given an opportunity to review the resulting subcontracting plan prior to execution of the modification

The following supporting documentation encompasses the acquisition package and must be submitted for review:

- Market Research Report
- Scope of Work / Performance Work Statement / etc.
- Independent Government Estimate
- Sources Sought Notice / Request for Information (as applicable)
- Capability Assessment (as applicable)
- Justifications, Determinations and Findings, etc. after legal review (as applicable)
- Draft 8(a) offer/release letter (as applicable)
- Any other document(s) required to provide a full review

OSDBU and SBS each have up to 10 working days from receipt of the acquisition package to complete review and make recommendations. The PCR has up to five working days to complete their review, notwithstanding timeframes described under FAR part 19. If the submission fails to include sufficient information and/or supporting documentation to complete the review, the CO will be notified to provide the additional information. A five working day review period applies to each resubmittal.

### Subcontracting Plan Reviews

The CO has various responsibilities in carrying out the subcontracting assistance program as described under FAR 19.705.

The CO is required to document subcontracting plan reviews using the Subcontracting Plan Review Form. The SBS has up to five working days to review and forward to the PCR who will have five additional working days to review the negotiated contractual documents and subcontracting plan before contract execution.

If there are no subcontracting opportunities, the SBS must be provided a no subcontracting opportunities determination in accordance with FAR 19.705-2(c) with sufficient evidence.

Determinations are to accompany the acquisition package as part of the CD-570 review. If the determination is made after CD-570 concurrence, the SBS has up to five working days to review and forward the determination to OSDDBU who will have five additional working days to review before contract execution.

**Effective Date**

This memorandum is effective immediately and remains in effect until it is otherwise rescinded or superseded.

**Questions**

Please direct any questions regarding this OSDDBU Memorandum to [osdbu-policy@doc.gov](mailto:osdbu-policy@doc.gov).

**Attachments**

Attachment 1-Small Business Coordination Record (Form CD-570)

Attachment 2-Subcontracting Plan Review Form

Form CD-570		U.S. Department of Commerce													
<b>SMALL BUSINESS COORDINATION RECORD</b>															
<b>1. BUREAU PROCUREMENT OFFICE</b>  Contracting Office: _____  Contract Specialist: _____  Telephone Number: _____  E-mail: _____		<b>2. REQUESTING OFFICE</b>  Program Office: _____  Requisitioner: _____  Telephone Number: _____  Requisition Number: _____  AAP/Forecast Number: _____													
<b>3a. DESCRIPTION/TITLE</b>   <input type="checkbox"/> New <input type="checkbox"/> Existing Requirement <input type="checkbox"/> Contract Modification		<b>4. ESTIMATED ACQUISITION SCHEDULE</b>  Solicitation Date: _____  Contract Award Date: _____  Period of Performance: _____													
<b>3b. Estimated Total Contract Value:</b> \$ _____ <b>Modification Value:</b> \$ _____		<b>6. POTENTIAL SOURCES</b> (Indicate number of viable sources identified for each category)  <div style="display: flex; justify-content: space-between;"> <div>           _____ Small Business            _____ WOSB            _____ EDWOSB         </div> <div>           _____ 8(a)            _____ HUBZone            _____ SDVOSB         </div> <div>           OTSB            _____         </div> </div>													
<b>3c. Subcontracting Plan Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No															
<b>3d. Consolidated Action:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No															
<b>3e. Bundled or Substantially Bundled Action:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No															
<b>5. SMALL BUSINESS SIZE STANDARD</b>  NAICS Code: _____  Employee-based: _____ Dollar-based: \$ _____		<b>7a. RECOMMENDED ACTION</b> ( <i>select all that apply</i> ):  <table style="width: 100%; border: none;"> <tr> <td>Small Business Set-Aside</td> <td>HUBZone Set-Aside</td> <td>SDVOSB Set-Aside</td> <td>ED/WOSB Set-Aside</td> <td>8(a) Set-Aside</td> <td>8(a) Release</td> </tr> <tr> <td>Unrestricted/Sole Source</td> <td>HUBZone Sole Source</td> <td>SDVOSB Sole Source</td> <td>ED/WOSB Sole Source</td> <td>8(a) Sole Source</td> <td>SB Reserve</td> </tr> </table>		Small Business Set-Aside	HUBZone Set-Aside	SDVOSB Set-Aside	ED/WOSB Set-Aside	8(a) Set-Aside	8(a) Release	Unrestricted/Sole Source	HUBZone Sole Source	SDVOSB Sole Source	ED/WOSB Sole Source	8(a) Sole Source	SB Reserve
Small Business Set-Aside	HUBZone Set-Aside			SDVOSB Set-Aside	ED/WOSB Set-Aside	8(a) Set-Aside	8(a) Release								
Unrestricted/Sole Source	HUBZone Sole Source			SDVOSB Sole Source	ED/WOSB Sole Source	8(a) Sole Source	SB Reserve								
<b>7b. PROCUREMENT METHOD</b> ( <i>select only one</i> ): Open Market      FSS      GWAC DOC/Bureau IDV      External IDV															
<b>7c. Other Than Full and Open Competition:</b> _____ ( <i>Cite authority</i> )															
<b>7d. Other/Additional Information:</b> _____															
<b>8. CONTRACTING OFFICER:</b>  _____ <b>(Signature &amp; Date)</b>															
<b>9. REVIEW BY BUREAU SMALL BUSINESS SPECIALIST:</b> <input type="checkbox"/> Not Required <input type="checkbox"/> Concur <input type="checkbox"/> Non-concur <input type="checkbox"/> Comments  _____ <b>(Signature &amp; Date)</b>															
<b>10. REVIEW BY OSDBU:</b> <input type="checkbox"/> Not Required <input type="checkbox"/> Concur <input type="checkbox"/> Non-concur <input type="checkbox"/> Comments  _____ <b>(Signature &amp; Date)</b>															
<b>11. REVIEW BY SMALL BUSINESS ADMINISTRATION:</b> <input type="checkbox"/> Not Required <input type="checkbox"/> Concur <input type="checkbox"/> Non-concur <input type="checkbox"/> Comments  _____ <b>SBA PCR (Signature &amp; Date)</b>															

## Form CD-570 Instructions

The Small Business Coordination Record (Form CD-570) is required for all new, recompetes, and follow-on contracts to include blanket purchase agreements (BPA), basic agreements, basic ordering agreements, and orders regardless of vehicle including Federal Supply Schedule, Governmentwide Acquisition Contracts, indefinite delivery vehicles (IDV), etc.

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Greater than the Micro Purchase Threshold, but less than or equal to the Simplified Acquisition Threshold (SAT)	Unrestricted or Sole Source (SS) to entities other than small businesses (OTSB)	CO, SBS
Greater than the SAT	All	CO, SBS
Greater than \$2.5M	Unrestricted or SS to OTSB	CO, SBS, OSDBU, PCR
<b>Other Scenarios</b>		
Modification to OTSB contract that increases total contract value over the subcontracting plan threshold*		CO, SBS
Consolidation >\$2M; Bundling		CO, SBS, OSDBU, PCR
All 8(a) actions (including releases; reference FAR 19.815 and 13 CFR 124.504(d)(1))		CO, SBS (OSDBU for releases)

\* The SBS and PCR must be given an opportunity to review the resulting subcontracting plan prior to execution of the modification

The following supporting documentation encompasses the acquisition package and must be submitted for review:

- Market Research Report
- Scope of Work (SOW)/Performance Work Statement (PWS)/etc.
- Independent Government Estimate (IGE)
- Sources Sought Notice/RFI (as applicable)
- Capability Assessment (as applicable)
- Justifications, Determinations and Findings, etc. after legal review (as applicable)
- Draft 8(a) offer/release letter (as applicable)
- Any other document(s) required to provide a full review

### Block 1. BUREAU PROCUREMENT OFFICE

Enter the contact information of the procurement office responsible for awarding the contracting.

### Block 2. REQUESTING OFFICE

Enter the contact information of the office responsible for requesting the contract action, requisition number, and forecast identifier number.

### Block 3a. DESCRIPTION/TITLE

Enter brief description of the requested product or service or project title. Check appropriate box to indicate if requirement is new, existing (*i.e.* follow-on/recompete) or contract modification.

### Block 3b. ESTIMATED TOTAL CONTRACT VALUE

Enter the estimated total contract value for base and all options. If the action is a modification, enter the modification value.

### Block 3c. SUBCONTRACTING PLAN REQUIRED

Check appropriate box to indicate if a new subcontracting plan is required for the instant action IAW FAR subpart 19.7. If it is determined that no subcontracting opportunities exist, the determination must be included in the package (reference FAR 19.705-2(c)). NOTE: IAW FAR 19.705-2(e), a contract may not have more than one subcontracting plan.

### Block 3d. CONSOLIDATED ACTION

If “Yes,” attach description of requirements, market research report, benefit analysis, and D&F (reference FAR 7.107).

### Block 3e. BUNDLED OR SUBSTANTIALLY BUNDLED ACTION

If “Yes,” attach description of requirements, market research report, benefit analysis, and D&F (reference FAR 7.107).

### Block 4. ESTIMATED ACQUISITION SCHEDULE

Enter approximate dates pre-solicitation notice and solicitation will be issued and contract awarded. Provide the contract period of performance (base and option periods).

### Block 5. SMALL BUSINESS SIZE STANDARD

Enter NAICS code and applicable size standard.

### Block 6. POTENTIAL SOURCES

Enter results of market research by selecting the category(s) and number of businesses identified during market research that have the potential to perform as a prime contractor for the requirement.

### Block 7. RECOMMENDED ACTION

Complete the section indicating the proposed acquisition strategy and methodology. For actions limiting competition, cite the authority being utilized. In block 7d, provide additional information related to the strategy (*e.g.* partial set-aside, contract vehicle, etc., as applicable).

### Block 8. CONTRACTING OFFICER

Signature of CO indicates approval of recommended action and assurance CD-570 documents are complete and accurate.

### REVIEW PROCESS

Each reviewer has up to 10 working days, notwithstanding timeframes described under FAR part 19, from receipt of the CD-570 package to complete review and make recommendations. If the submission fails to include sufficient information and/or supporting documentation to complete the review, the CO will be notified to provide the additional information. A five working day review period resets for each resubmittal. The CO must consider recommendations to increase participation by socioeconomic and small business concerns provided by the SBS and OSDBU official as part of this process. If there are differences between the recommendations and CO's final action, the CO must provide written justification with re-submission of CD-570 package. (reference FAR 19.202).

### Block 9. SMALL BUSINESS SPECIALIST

Signature of SBS indicates approval or disapproval of CO's recommended action.

### Block 10. OSDBU

Signature of OSDBU official indicates approval or disapproval of recommended action.

### Block 11. SMALL BUSINESS ADMINISTRATION

Signature of PCR indicates approval or disapproval of recommended action. If the CO rejects the PCR's recommendation, the CO shall document the basis for the rejection and notify the SBS, OSDBU, and PCR. (reference FAR 19.505).

Multiple Awards?      Yes:      No:

CONTRACT INFORMATION							
Solicitation/Contract No.:				MOD No. (If applicable):			
Title of Acquisition:							
NAICS Code:							
Contractor's Name:				Unique Entity ID:			
Period of Performance:				Total Contract Amount (including options): \$			
Total Modification Amount: (if applicable) \$				Base Period (if there are options): \$			
Option 1 (if applicable): \$				Option 2 (if applicable): \$			
Option 3 (if applicable): \$				Option 4 (if applicable): \$			
Contracting Officer Name:					Phone:		
Acquisition Division:					Email:		
SUBCONTRACT PLAN REQUIREMENTS							
1. Type of Plan (check one):		Individual		Master		Commercial	
				(A=Acceptable; U=Unacceptable)			
2. Subcontracting Goal Data				CO		SBS	
				A		U	
a. Goals are separated for the base and each option; Total Subcontracting Dollars [(2b+2h=2a)]:							
\$							
b. Total Subcontracting Dollars and Percentage with Small Businesses (incl. SDB, WOSB, HUBZone,VOSB, SDVOSB) - [Percentage of 2a.]:							
\$ and %							
c. Total Subcontracting Dollars and Percentage with Small Disadvantaged Businesses -[Percentage of 2.a.]							
\$ and %							
d. Total Subcontracting Dollars and Percentage with Woman-owned Small Businesses -[Percentage of 2.a.]							
\$ and %							
e. Total Subcontracting Dollars and Percentage with HUBZone Small Businesses -[Percentage of 2.a.]							
\$ and %							
f. Total Subcontracting Dollars and Percentage with Veteran Owned Small Businesses -[Percentage of 2.a.]							
\$ and %							
g. Total Subcontracting Dollars and Percentage with Service-Disabled Veteran Small Businesses - [Percentage of 2.a.]							
\$ and %							
h. Total Subcontracting Dollars and Percentage with "Other" than Small Businesses (i.e., large companies, non profits, etc.) [Percentage of 2.a.]							
\$ and %							
i. Subcontracting Opportunities (description of all principal products/services to be subcontracted to all types of concerns)							
j. Methodology used to develop goals, identify potential sources (e.g. historical trends, information on technical and competitive bidding, formula for calculating goals, etc.).							

## SUBCONTRACTING PLAN REVIEW FORM – Page 2

SUBCONTRACTING PLAN REQUIREMENTS (con't)	CO		SBS		SBA-PCR	
(A=Acceptable; U=Unacceptable)	A	U	A	U	A	U
3. Statement of indirect cost inclusion						
4. Subcontracting Plan Administrator's Name (Contractor) and description of duties.						
5. Description of efforts to ensure equitable opportunity to compete for subcontracts.						
6. Required flow-down clause(s) to be included in prime contractor's subcontracts.						
7. Reporting and Cooperation:						
a. Cooperate in studies or surveys b. Submit periodic reports c. Include subk data on each IDIQ order d. Submit ISR and SSR through eSRS e. Subcontractors w/subcontracting plans will submit through eSRS f. Provide identifying information to each subcontractor for eSRS reporting g. Ensure each subcontractor provide identifying information to their subcontractors for eSRS reporting						
8. Record keeping						
9. Assurances:						
a. Good faith effort b. Provide written explanation of failure to meet good faith effort c. Not prohibit a subcontractor from discussing financial information with the contracting officer d. Timely payment to subcontractors and notification to contracting officer if reduced payments						
<b>Contracting Officer Signature</b>						
Contracting Officer: _____ Date: _____ Additional Comments:						
<b>Small Business Specialist Signature</b>						
Small Business Specialist: _____ Date: _____ COMMENTS: If any elements are determined to be unacceptable, summarize below:						
<b>SBA PCR Signature</b>						
SBA PCR: _____ Date: _____ COMMENTS: If any elements are determined to be unacceptable, summarize below:						



## SUBCONTRACTING PLAN REVIEW FORM INSTRUCTIONS

**OSDBU Control No.:** Insert the control number from the CD-570 which was assigned by the SBS/OSDBU

**Multiple Awards:** Indicate as appropriate

### PROJECT INFORMATION:

- Solicitation/Contract No.: Enter the assigned Solicitation or Contract number.
- Modification: Identify the modification number for the contract if applicable.
- Title of Acquisition: Enter the item/service description or project title.
- NAICS Code: Enter proper NAICS code for the acquisition.
- Contractor's Name: Enter Successful Offeror/ Contractor's name.
- Period of Performance: Enter the estimated performance period, including all options, in the following format (mm/dd/yy – mm/dd/yy).
- Total Contract Amount: Enter the total estimated dollar value of the contract, including all options and modifications.
- Total Modification Amount: (if applicable)
- Base Period and Options 1 through Option 4: Complete these boxes if options are part of the contract.
- CO Contact Information: Enter Contracting Officer's name, telephone and e-mail.

### SUBCONTRACTING PLAN REQUIREMENTS (ITEMS 1 – 9)

1. Enter type of plan: individual, master or commercial
2. For each of the sub-items 2.a. through 2.i., the CO must review the plan and determine if the requirement is acceptable or unacceptable. For each of the sub-items 2.b. through 2.h., the CO shall include the subcontracting dollars and percentage for the category. In calculating percentage, use the subcontracting dollars for the sub-item as the numerator and the total subcontracting dollars for the contract as the denominator.
3. Through 9: the CO must review the plan and determine if the requirements are acceptable or unacceptable.

### SIGNATURES

- The CO who has the authority to bind the government will make a determination, sign and date
- The SBS will sign and date the review form. During the plan review, the SBS may require additional input from the CO and/or contractor. The SBS may also include comments regarding the plan as necessary
- The SBA PCR will sign and date the review form. The SBA PCR may also include comments regarding the plan as necessary

**NOTE:** In order for the Small Business Specialist and SBA to conduct a comprehensive review of each plan, at a minimum, the documentation forwarded by the CO should include:

1. A completed Subcontracting Plan Review Form signed by the Contracting Officer
2. A completed Subcontracting Plan, signed by the offeror
3. The Summary of Proposed Costs from the offeror's Final Proposal Revision
4. Small Business Participation Plan (if required)
5. Any narrative, attachment or supplemental documentation to the offeror's plan describing efforts to locate small business subcontractors, rationale for using other than small businesses as subcontractors, etc.