**Attachment A**

**ADVISORY AND ASSISTANCE SERVICES**

**CERTAIN PROFESSIONAL SERVICES**

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<th>Project Name:</th>
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<tr>
<th>Agency/Office:</th>
<th>Name:</th>
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<td>Address:</td>
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<tr>
<th>Agency Point of Contact:</th>
<th>Name:</th>
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<td>Email Address:</td>
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<td>Telephone Number:</td>
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<tr>
<th>Contracting Officer:</th>
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<td>Email:</td>
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<td>Telephone Number:</td>
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**Please include the following information:**

1. **Description:** Please include a description of the planned acquisition including major deliverables/services, and the name of the Agency program/project supported by the acquisition.

2. **Amount:** List the Estimated Dollar Amount (inclusive of all options).

3. **Funding:** Provide proposed funding method including fund type and year of funds.

4. **Schedule:** Provide the period of performance, delivery schedule and estimated award date. Include option periods, quantities or items, if applicable.

5. **Contracting Method:**

   (a) **Solicitation type** (e.g., sealed bid (IFB), negotiated (RFP), request for proposals under a multiple award contract or Federal Supply Schedule, interagency agreements).

   (b) **Small Business Program Considerations:**

      (i) Include information on small business set-asides and programs considerations (e.g., 8(a) competitive, 8(a) non-competitive, small business set-aside, HubZone set-aside, Service Disabled Veteran owned small business, women-owned small business, etc.).

      (ii) If the acquisition was unrestricted, provide a rationale and address market survey(s) conducted.

      (iii) Has Office of Small and Disadvantaged Business Utilization (OSDBU) approval form AD-1205, “USDA Small Business Program - Procurement Request Review” been completed, if required? **If yes, attach a copy of the signed form.**

   (c) **Extent of competition** (e.g., full and open competition, full and open competition after exclusion of sources, other than full and open competition pursuant to FAR Subpart 6.3, competition under Federal Supply Schedule, sole source set-aside, brand name specified under FSS, GWAC, multiple award or other indefinite delivery type contracts.)

      (i) **For brand name specific order**, attach a copy of the justification as required by FAR 11.105.

      (ii) **For other than full and open competition** pursuant to FAR Part 6.3, attach a copy of the
approved justification for other than full and open competition.

(iii) *For a sole-source procurement*, include a separate sole-source statement explaining why there is no other source capable of providing the required services.

(iv) *Performance Based*: If the contract is *not* performance based, provide a rationale.

(d) **Contract Type** (see FAR part 16) including pricing structure.

(e) **Contract Users/Ordering Offices**: Identify authorized contract users. For indefinite delivery type contracts, identify authorized ordering offices.

6. **Determination**: Has the determination required by FAR 37.204, regarding availability of personnel, been made?

7. **Conflict of Interest**: Include a brief statement regarding any possible basis, or lack thereof, of a conflict of interest or appearance of a conflict of interest.

8. **Continuing Requirement**: If the acquisition is a continuing requirement, what is the current contract/order number(s), contractor(s) name and address and expiration date(s)?

9. **Other Issues**: Include any other acquisition issues of note.

**SUBMITTED FOR REVIEW:**

____________________________________________________  __________________
Signature                                                Name (Type or Print):
Name (Type or Print):                                  Program Manager / Project Manager
____________________________________________________  __________________
Signature                                                Date
Name (Type or Print):                                  Contracting Officer
____________________________________________________  __________________
Signature                                                Date
Name (Type or Print):                                  HCA or HCAD