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**Department of Health and Human Services  
Office of Small Disadvantaged Business Utilization  
(OSDBU)**

**HHS Form 653 Training**

**Date: June 2010**

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U. S. Department of Health and Human Services



**Discussion Items**

- 
- Small Business Program
  - Small Business Goals
  - HHS Small Business Review Form 653
  - When is it required?
  - What is required?
  - Helpful Resources

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U. S. Department of Health and Human Services



# HHS OSDBU co-located at NIH

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## **Authority**

The mission of the Department of Health and Human Services (HHS) Office of Small Disadvantaged Business Utilization (OSDBU) was established as a result of the 1978 amendments to the Congressional mandated Small Business Act, Public Law 95- 507. The Act established the Office of Small Disadvantaged Business Utilization (OSDBU) in each federal agency.

## **Objective**

The HHS OSDBU co-located at the NIH is dedicated to advocacy, outreach, and unification of the business process at NIH. Collaborating with the NIH Acquisition and Program Management community, the NIH Small Business Office is responsible for providing assistance in the following mechanism to include but is not limited to: Small Business Set-Asides, Subcontract Planning, Simplified Acquisition, Full and Open Competition.



## NIH FY10 Small Business Goals

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Small Business	26%
Small Disadvantaged Business (SDB)	5%
8(a)	5%
Women-Owned Small Business (WOSB)	5%
HUBZone Small Business (HUBZone)	3%
Service-Disabled Veteran-Owned (SDVOSB)	3%



## NIH FY10 Small Business Report (Period Covering 10/1/09- 5/28/10)

**NIH Total Acquisition Dollar Goal: \$5B**  
**NIH Total Acquisition Dollar Achieved: \$1.58B**

Program	FY09 Goals	FY09 Percentage Achieved	FY10 Dollar Goal (M)	FY10 Dollar Achieved	FY10 Percentage Goal	FY10 Percentage Achieved
SB	28%	(Y) 20.77%	1,300,000	295,982	<b>26.00%</b>	(Y) 18.73%
SDB	5.0%	(G) 5.59%	250,000	88,060	<b>5.00%</b>	(G) 5.57%
8(a)	5.0%	(R) 2.02%	250,000	40,163	<b>5.00%</b>	(R) 2.54%
WOSB	5%	(Y) 4.69%	250,000	75,285	<b>5.00%</b>	(Y) 4.76%
HUBZone	3%	(R) 0.88%	150,000	22,478	<b>3.00%</b>	(R) 1.42%
SDVOSB	3%	(R) 1.16%	150,000	10,378	<b>3.00%</b>	(R) 0.66%



# Strategies for Increasing Small Business Goals

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- **Input accurate award data into DCIS**
- **Perform adequate market research**
  - Preliminary
    - Contact SBS
    - Central Contractor Registry (CCR) & Dynamic Small Business Search (DSBS)
    - Electronic Portals in Commerce (ePIC)
    - Vetbiz
    - Participate in Vendor Outreach
      - NIH and HHS/OSDBU Bimonthly Vendor Outreach
      - Market Research Conferences, Trade Shows, etc
  - Sources Sought
    - Encourage qualified small business concerns (SB, HUBZone, SDVOSB, WOSB, 8(a))
    - Communicate complexity of the requirement by
      - » adding DRAFT SOW/SOO/PWS
      - » Contact SBS for additional assistance
- **Submit HHS Form 653**



## WHEN DO I SUBMIT A 653?

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- Actions above Micro-purchase but below \$25K
- Actions over \$25K but under SAT
- GSA buys

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U.S. Department of Health and Human Services



## What to do before submitting a 653

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- Adequate Market Research
- Documentation
- Sole Source
  - Notice of Intent
- Completely fill out HHS Form 653
  - What is included the 653 package?

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U.S. Department of Health and Human Services



Office of Small and Disadvantaged Business Utilization HHS 653 - Small Business Review Form		
OSDBU Control Number: _____		Date Received: _____
A. Project Information		
1. Solicitation Number: _____  Acquisition Instrument Proposed/Contract Type: <input type="checkbox"/> Contract No: _____ <input type="checkbox"/> Departmental IDIQ No: _____ <input type="checkbox"/> GSA Schedule No: _____ <input type="checkbox"/> GWAC Contract No: _____ <input type="checkbox"/> HHS BPA (Strategic Sourcing): _____ <input type="checkbox"/> Posted/Identified on HHS OPDIV Forecast _____ <input type="checkbox"/> ARRA Funds: TAS No. _____	2. Acquisition Office and OPDIV:  CO/CS/COTR/PA Name: _____  Location (Bldg. and Room): _____  Contact Information (Telephone, Fax and E-mail): _____	
3. Brief description of services or products to be procured: _____		
4. Total Estimated Value (Including Options): \$ _____ Base: \$ _____ Options: \$ _____		
5.a. Period of Performance (including Options) or Delivery Date: _____		
5.b. The RFP/RFQ will be posted within _____ 30 days; _____ 90 days; _____ 6 months after the OSDBU Small Business Specialist review.		
B. Project Considerations		
6. NAICS Code: _____ Dollars: _____ No. of Employees: _____	7. <input type="checkbox"/> New Requirement <input type="checkbox"/> Recompetition <input type="checkbox"/> Similar Requirement  <b>Acquisition History:</b> Previous Contract Number: _____ Award Date: _____ Total Amount of Contract Award: _____ Contractor Name: _____ Contractor Size/Type of Ownership: _____ Previous/NAICS Code/Size Standard: _____ Number of Offers from Small Business: _____ Comments: _____	
8. Bundling/Consolidation:  <input type="checkbox"/> NIA: Below established threshold: FAR 7.104(d)(2)  Yes No <input type="checkbox"/> <input type="checkbox"/> Is requirement consolidated? If yes, attach supporting documentation.  <input type="checkbox"/> <input type="checkbox"/> Project Officer certified the bundling status.		
9. Efforts made to locate sources within last 12 months:  CO SBS <input type="checkbox"/> <input type="checkbox"/> Review of Prior or Similar Acquisition <input type="checkbox"/> <input type="checkbox"/> Contracting Officer (Comments Attached) <input type="checkbox"/> <input type="checkbox"/> Program Office (Comments Attached) <input type="checkbox"/> <input type="checkbox"/> Sources Sought Notice ( <b>Copy Attached</b> ) <input type="checkbox"/> <input type="checkbox"/> Market Survey ( <b>Copy Attached</b> ) <input type="checkbox"/> <input type="checkbox"/> Consult HHS Small Business Specialist <input type="checkbox"/> <input type="checkbox"/> Central Contractor Registration (CCR) <input type="checkbox"/> <input type="checkbox"/> Other: _____	10. Acquisition Method(s)  <input type="checkbox"/> 8(a) Set-Aside/Competitive/Sole Source (SBA Offering Letter) <input type="checkbox"/> HUBZone Set-Aside/Competitive/Sole Source <input type="checkbox"/> Service-Disabled Veteran-owned (SDVOSB) Set-Aside <input type="checkbox"/> Total Small Business Set-Aside <input type="checkbox"/> Partial Small Business Set-Aside <input type="checkbox"/> Urban Indian Organization (P.L. 94-437) and Buy Indian Act (25 USC 47) – IHS HCA Authorization required. <input type="checkbox"/> JOFOC (Authority): _____ <input type="checkbox"/> No Reasonable expectation of obtaining 2 or more SB offers. <input type="checkbox"/> Other (explain): _____	
11. Synopsis:  <input type="checkbox"/> Yes (FEDBIZOPPS) <input type="checkbox"/> No, Per FAR 5.202 _____ <input type="checkbox"/> Other: _____	12. Other Considerations that apply to the Solicitation: Yes No <input type="checkbox"/> <input type="checkbox"/> Subcontracting Plan (if no, see instructions) <input type="checkbox"/> <input type="checkbox"/> SDB Plan <input type="checkbox"/> <input type="checkbox"/> Green Contracting Considerations Other: _____	
C. Project Review & Approval		
13. Cognizant Contracting Official:  _____ Signature                      Date	14. OSDBU Small Business Specialist: <input type="checkbox"/> Concur <input type="checkbox"/> Non-concurrence:  _____ Signature                      Date	15. SBA Procurement Center Representative: <input type="checkbox"/> Concur <input type="checkbox"/> Non-concurrence:  _____ Signature                      Date

HHS Form 653 (Revised April 2009)





### HHS 653- SMALL BUSINESS REVIEW FORM INSTRUCTIONS

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

1. Enter the solicitation number. Indicate acquisition instrument/contract type by checking appropriate box:
  - Contract number for a Modification
  - HHS IDIQ number
  - GSA Schedule number
  - GWAC Contract number
  - HHS Strategic Sourcing BPA number

In accordance with PL 100-656, each OPDIV is required to post its Forecast information <http://osdbuforecast.hhs.gov/>

In accordance with Presidential Memorandum M-09-10, agencies shall identify procurements which use American Recovery and Reinvestment Act (ARRA) funds. If available, reference a Treasury Account Symbol (TSA).
2. Enter Contracting Officer/Specialist (CO/CS), Contracting Officer Technical Representative (COTR) or Purchasing Agent's Name, OPDIV, Building, Room, Telephone, Fax and e-mail.
3. Enter the item/service description or project 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 (mm/dd/yy to mm/dd/yy) format.
  - b. Indicate whether the solicitation will be issued within 30 days, 90 days or 6 months after the small business review

#### PROJECT CONSIDERATIONS (ITEMS 6 – 12)

6. Enter appropriate North American Industrial Classification System (<http://www.census.gov/eos/www/naics/index.html>). Enter either the applicable Number of Employees or Average Annual Receipts for the specified NAICS.
7. Check box for "New Requirement" if this is a first time acquisition for products/services.  
  
Check box for "Recompetition" if this is a recompetition of a previous acquisition.  
  
Check box for "Similar Requirement" if this is an acquisition that is similar in scope and technical requirements.  
  
Enter history. For Type of Ownership, list SDB, 8(a), SB, WOSB, VOSB, SDVOSB or HUBZone as applicable. You may use the Central Contractor Registration (CCR- <http://www.ccr.gov/>).

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 consolidation or bundled requirements, the SBS must concur.
9. Check the appropriate box(es) indicating all resources utilized to identify potential sources that support the acquisition method recommended in Item 10. Include/Attach supporting documentation for each effort. [Note: SBS will not accept market surveys conducted more than 12 months prior to date of this requirement.]
10. CO/CS/COTR/PA – Check the appropriate box(es) indicating the acquisition method determined. If the procurement is 8(a) and \$100,000 or more, include a copy of the SBA offering letter in accordance with FAR Part 19.804-2 (<http://www.arnet.gov/far/loadmainr.html>).
11. Check appropriate box and refer to FAR 5.202 to indicate the specific exemption.
12. CO/CS/COTR/PA – Check yes or no where other considerations apply. See FAR 19.702(a)(1) and (2) to determine if a Subcontracting Plan is required. A Subcontracting Plan is required if the CO/CS/COTR anticipates that the estimated cost may exceed \$550,000 (\$1,000,000 for construction). If NO for Subcontracting Plan and/or SDB Plan, attach the approved waiver and supporting documentation -See FAR 19.705-2(c). HHS SBS and SBA PCR concurrence is required.

#### PROJECT REVIEW & APPROVAL (ITEMS 13 – 15)

13. The Contracting Official (CO) who has the authority to bind the government will make a determination, sign and date.
14. The HHS SBS will sign, date and indicate concurrence or non-concurrence with the method of acquisition determined by the CO. If the HHS SBS does not concur, another method will be recommended (see SBS comments).
15. The SBA PCR shall sign and date this block to indicate concurrence or non-concurrence of the acquisition method determined by the CO. If the SBA PCR does not concur, the rationale will be documented on page 3 of this form and it will include a recommendation. If necessary, the SBA PCR will initiate an appeal process (SBA Standard Form-70) and forward supporting documentation to the CO.

**NOTE:** In order for the HHS Small Business Specialist to conduct a comprehensive review of each acquisition, at a minimum, the documentation forwarded by the CO/CS/COTR/PA should include:

1. Completed HHS Form 653 signed by the Contracting Official
2. Completed Request for Contract (RFC)/Acquisition Plan (AP) or Request for Quote (RFQ) package. Package must include:
  - a. The statement of work, including evaluation criteria and the Government cost estimate.
  - b. Documentation which reflects market research conducted within the past 12 months.
  - c. If 8(a) procurement \$100,000 or greater, attach the SBA Offering Letter. You may visit SBA's website to identify the SBA District Office that corresponds to your contracting office (<http://www.sba.gov/localresources/index.html>).
3. A copy of the justification for other than small business consideration applicable to the subject acquisition plan.
4. A copy of the Justification for Other than Full & Open Competition (JOFOC) & supporting documentation, if applicable.

HHS Form 653 (Revised April 2009)





**HHS 653 - SMALL BUSINESS REVIEW FORM - Comments**

**HHS OSD/BU Small Business Specialist Comments:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SBA Procurement Center Representative Comments:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

HHS Form 653 (Revised April 2009)



# HHS Small Business 653 Submission and Review Process

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- Submission
  - Small Business Policy Manual
  - via email (most preferable), fax, interoffice mail, or in person.
  - Send all electronic submissions to [HHSSmallBusinessOAR@od.nih.gov](mailto:HHSSmallBusinessOAR@od.nih.gov).
- Review
  - Small Business Specialist (SBS)
  - SBA Procurement Center Representative (SBA PCR)
- Return to the Acquisition Official
  - Signatures from both SBS and SBA PCR
  - What if I see a label “The SBA reserves the right to review the documentation at a later date”



# Frequently Asked Questions

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- Sources Sought
- SBA Offering Letter
  - Response Time
  - SBA District Office where small business firm situated
    - Other than Construction Services
  - SBA District Office where services will be performed
    - Construction Services
    - Submitted to the SBA District Office
- Applicability of Non-Manufacture Rule to <\$100k
- 8(a) Sole Source < \$3.5M
- 8(a) Competitive >\$3.5M (unless submit ARRA waiver)



## Helpful Resources

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- HHS Small Business Review Form 653 [www.hhs.gov/osdbu/forms](http://www.hhs.gov/osdbu/forms)
- HHS Small Business Program Policy Manual [www.hhs.gov/osdbu/forms.html](http://www.hhs.gov/osdbu/forms.html)
- NIH Electronic Portals in Commerce (ePIC) <http://epic.od.nih.gov>
- Vetbiz [www.vetbiz.gov](http://www.vetbiz.gov)
- SBA Regional Office for Offering Letter [www.sba.gov/localresources/index.html](http://www.sba.gov/localresources/index.html)
- SBA Dynamic Small Business Search [http://dsbs.sba.gov/dsbs/search/dsp\\_dsbs.cfm](http://dsbs.sba.gov/dsbs/search/dsp_dsbs.cfm)
- Central Contractor Registry [www.ccr.gov](http://www.ccr.gov)
- HHS Supplementary Acquisition Regulation (HHSAR 305) <http://dhhs.gov/asfr/ogapa/acquisition/acquisitionpolicies.html#Health%20and%20Human>
- Small Business Act Public Law 95-507 [www.sba.gov](http://www.sba.gov)
- 13 Code of Federal Regulations (CFR) <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html#page>
- Federal Acquisition Regulations (FAR) [www.acquisition.gov/far/](http://www.acquisition.gov/far/)
  - Part 19



## HHS OSDBU co-located at NIH Contact Information

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### **HHS Small Business Specialists supporting the NIH:**

Annette Owens-Scarboro

Jonathan Ferguson

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### **Program Support Staff:**

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