

ADVANCE ACQUISITION PLAN

1. Office/Program:		
2. Project Description:		
3. Project Officer/Leader:		Telephone Number ()
4. Total Estimated Cost: \$		5. Incremental Funding: Yes ___ No ___
Funding: 1st Year Available \$ Yes ___ No ___	Funding: 2nd Year Available \$ Yes ___ No ___	Funding: 3rd Year Available \$ Yes ___ No ___
6. Feasibility of Consideration for Set-Aside Program: ___ Yes ___ No (If no, briefly discuss reasons)		
7. Required Start Date:		8. Required Completion/Delivery Date:
Items 9 – 11 to be completed by the Contract Specialist		
*9. Procurement method (and associated administrative lead time): <input type="checkbox"/> Formally Advertised (60 days) <input type="checkbox"/> Negotiated Competitive (120 days) <input type="checkbox"/> Modification (30 days)		
10. Date MON or DI-1 Requisition Required from Program Office: ___/___/___		
11. Small Business Set-Aside: ___ Yes ___ No Labor Surplus Area Set-Aside: ___ Yes ___ No Minority Business: ___ Yes ___ No		
Approvals/Concurrence: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> _____ (Contract Specialist) </div> <div style="text-align: center;"> _____ (Date) </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> _____ (Project Leader) </div> <div style="text-align: center;"> _____ (Date) </div> </div>		

*Since the acceptability of the sole/single source justification cannot be predetermined, only formally advertised or negotiated competitive procurement lead times are to be used for planning purposes.