

409th CSB Acquisition Package Checklist

Originator:	Date Submitted to 409 th CSB:
Requirement Title:	Requiring Activity:
Required Award Date:	Required Delivery Date / Period of performance (including options):

Points of Contact

Primary POC/COR	Alternate POC/COR
Name:	Name:
E-mail:	E-mail:
Comm Phone:	Comm Phone:
DSN:	DSN:
WAWF Receiver of Materials: Y/N	WAWF Receiver of Materials: Y/N

Physical Address for Delivery and/or Place of Performance

Address (include shipping instructions if applicable):

NOTES:

1. Requiring Activities shall ensure the submittal of complete acquisition packages. Incomplete acquisition packages may be returned to the originator for completion prior to acceptance in a 409th CSB Contracting Office. Failure to submit all the specified documents will delay contract award.

2. All required approvals as appropriate must accompany the acquisition package. (i.e., Service Contract Approval, vehicle purchases follow AR 58-1, etc.).

3. This acquisition package checklist is not to be used for CHESS hardware procurements during consolidated bids.

4. The acquisition package shall include the following documents. When possible, submit these documents in MS Word or Excel.

	Supply Purchase	Services Purchase
1.	<input type="checkbox"/> Fully executed PR&C with funding	<input type="checkbox"/> Fully executed PR&C or Direct Fund Cite MIPR Include CMR line items on PR.
2.	<input type="checkbox"/> Independent Government Cost Estimate marked For Official Use Only. Note: Do not reference a specific contractor.	<input type="checkbox"/> Independent Government Cost Estimate marked For Official Use Only for the base and all option periods. Note: Do not reference a specific contractor.
3.	<input type="checkbox"/> Requirement specification with salient characteristics and/or brand name or equal description.	<input type="checkbox"/> Performance Work Statement, Statement of Work, or Statement of Objectives
4.	<input type="checkbox"/> Person receiving supply contact details to include phone number and e-mail.	<input type="checkbox"/> Nomination letter for Contracting Officer's Representative with supporting certification/training documents submitted in the CORTT system.
5.	<input type="checkbox"/> If sole source, brand name or limited sources, Justification Customer Template.	<input type="checkbox"/> If sole source, brand name or limited sources, Justification Customer Template.
6.	<input type="checkbox"/> List of contract deliverables or, if applicable, Contract Data Requirements List (CDRL – DD Form 1423).	<input type="checkbox"/> List of contract deliverables or, if applicable, draft Contract Data Requirements List (CDRL – DD Form 1423).
7.	<input type="checkbox"/> List of government furnished property, government furnished equipment, government furnished services, and/or government furnished facilities (if applicable).	<input type="checkbox"/> List of government furnished property, government furnished equipment, government furnished services, and/or government furnished facilities (if applicable).
8.	<input type="checkbox"/> DD Form 254 – Contract Security Classification Specification for classified actions (if applicable).	<input type="checkbox"/> DD Form 254 – Contract Security Classification Specification for classified actions (if applicable).
9.	<input type="checkbox"/> A list of all known potential sources. Additionally, provide a summary of all industry contact.	<input type="checkbox"/> A list of all known potential sources. Additionally, provide a summary of all industry contacts.
10.	<input type="checkbox"/> Market Research	<input type="checkbox"/> Market Research
11.	<input type="checkbox"/> Previous purchase history, if known.	<input type="checkbox"/> Previous purchase history, if known.
12.	<input type="checkbox"/> Fiscal determination on proper use of funds, if required.	<input type="checkbox"/> Fiscal determination on proper use of funds, if required.
13.	<input type="checkbox"/> Non-DoD Off Load Letter (if applicable)	<input type="checkbox"/> Service Contract Approval (SCA) approved at appropriate level (General Officer/Flag Officer/SES or designee if delegated).
14.		<input type="checkbox"/> Performance Requirements Summary and Quality Assurance Surveillance Plan
15.		<input type="checkbox"/> Historical workload
16.		<input type="checkbox"/> Non-DoD Off Load Letter (if applicable)

Notes: _____
