SBPO REVIEW AND APPROVAL FORM

Solicitation/Contract No. and Title _____
Total Dollar Value: _____ Date: _____

From: HCO
To: Policy and Oversight Division

Request review of the attached action. The action has been reviewed and is recommended for SBPO approval.

_____ _____
HCO Signature Date

****

Changes Required

From: Policy and Oversight Division
To: HCO

This action has been reviewed; changes are required per the attached comments. Please resubmit the corrected package to this office once all required changes have been made.

_____ _____
POD Reviewer Signature Date

****

No Changes Required <u>or</u> Required Changes Made

From: Policy and Oversight Division
To: SBPO

☐The proposed action has been reviewed and no changes were recommended. Recommend approval. ☐The proposed action has been reviewed. Changes were recommended and changes were made. Recommend approval.

_____ _____
POD Reviewer Signature Date

****

SBPO Action

From: SBPO
To: HCO ☐ Approved as submitted ☐ Conditional approval; see comments
or
To: POD Reviewer ☐ Disapproved; coordinate required changes with the HCO

Comments: _____
_____
_____
_____

_____ _____
SBPO Signature Date