

# **5153.303-4 Format for a justification review document for other than full and open competition.**

**Control No:**

**Justification Review Document for Other Than Full and Open Competition**

**Program/Equipment:**

**Authority:**

**Amount:**

**Prepared by:**

Typed Name: DSN: \_\_\_\_\_

Title: Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Contracting Officer:**

Typed Name: DSN: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Technical Representative:**

Typed Name: DSN: \_\_\_\_\_

Title: Date Reviewed: \_\_\_\_\_

**Requirements Representative:**

Typed Name: DSN: \_\_\_\_\_

Title: Date Reviewed: \_\_\_\_\_

**Reviews: I have reviewed this justification and find it adequate to support other than full and open competition.**

**Program Manager (1)**

Typed Name: DSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Legal Counsel**

Typed Name: DSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Command Advocate for Competition**

Typed Name: DSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Senior Contracting Official**

Typed Name: DSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(1) Add Program Executive Officer signature block when item is Program Executive Officer managed.**

**Head of the Contracting Activity**

Typed Name: \_\_\_\_\_ DSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent topic:** [5153.303 Agency forms.](#)