

# OSD Post-Award Peer Review Request Form

*When initiating a request for OSD **POST**-Award Peer Review, please complete this form and submit to OUSD(AT&L), DPAP/Services Acquisition, attention Daniel Weinstein, [daniel.b.weinstein.ctr@mail.mil](mailto:daniel.b.weinstein.ctr@mail.mil).*

*(To request an OSD **PRE**-Award Peer Review, please contact OUSD(AT&L), DPAP/CPIC, [osd.pentagon.ousd-atl.mbx.cpic@mail.mil](mailto:osd.pentagon.ousd-atl.mbx.cpic@mail.mil).)*

1.	Department/Agency & Buying Activity			
2.	Name and Description of Acquisition:			
3.	Contract Number:			
4.	Date of Initial Contract Award:			
5.	Date of Next Option Award:			
6.	Estimated Dollar Value (including all options):	\$		
7.	Requested Review Dates/Times (90-minute window required for post-award peer reviews):			
	Requested Dates/Times:			
	Alternate Dates/Times:			
	NOTE: All appropriate internal reviews must occur prior to the post-award peer review. Acquisition teams will upload or send appropriate acquisition documents (e.g., slide deck, acquisition strategy/plan, acquisition decision memo, sample CPARS, QASP) at least 5 business days prior to the Peer Review. Access the OSD Peer Review Portal by submitting an account request via <a href="https://ebiz.acq.osd.mil/AccountRequest/Default.aspx?ID=232">https://ebiz.acq.osd.mil/AccountRequest/Default.aspx?ID=232</a> and after processing, access the Peer Review portal via: <a href="https://portal.acq.osd.mil/portal/server.pt">https://portal.acq.osd.mil/portal/server.pt</a>			
8.	Provide contact information for at least one individual from the requesting activity:			
	Primary POC Name / Title			
	Phone			
	E-mail			
	Secondary POC Name / Title			
	Phone			
	E-mail			
9.	How would you like to conduct the peer review? (DPAP SA will provide teleconference number.)	<input type="checkbox"/> Teleconference	<input type="checkbox"/> Video-teleconference (if available)	
10.	Will OSD peer review participants be required to complete non-disclosure agreements (NDAs)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, please submit NDA form to DPAP at least one week in advance of the review date.			
11.	Include any special instructions, requests, or comments.			