

U.S. Department of Commerce

**CONTRACTING OFFICER'S
SUBCONTRACTING PLAN CHECKLIST**

Last Update: May 2005

All items on this checklist should be completed with information from the proposed prime contract and the subcontracting plan. If the plan is missing any item listed in **Section II, "Required Elements of the Subcontracting Plan"**, it is incomplete and may not be accepted by the Contracting Officer. After the proposed plan is reviewed by the Contracting Officer and the Small Business Specialist, it shall be submitted to the Director of the Office of Small and Disadvantaged Business Utilization (OSDBU) for review. An acceptable plan must be approved by the Contracting Officer **prior** to contract award.

Contract Number _____

Contract Value: Base _____ Options _____

Expiration Date: _____ Base _____ Options _____

Principal Product or Service _____

Contractor _____

Address _____

I. TYPE OF SUBCONTRACTING PLAN (check one)

Individual Contract Plan: _____ Master Plan with Individual Goals: _____ Commercial Plan: _____

II. REQUIRED ELEMENTS OF THE SUBCONTRACTING PLAN

A. PLAN ADMINISTRATOR

1. Administrator's Name: _____ Phone #: _____

	<i>YES</i>	<i>NO</i>
2. Description of his/her duties relating to the administration of this subcontracting plan.	_____	_____

B. EFFORTS TO ENSURE EQUITABLE OPPORTUNITY

Description of efforts to assure that small (SB), small disadvantaged (SDB), women-owned small (WOSB), HUBZone, veteran-owned (VOSB), and service-disabled veteran-owned small business (SDVOSB) concerns have an equitable opportunity to compete for subcontracts.

	_____	_____
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C. CLAUSE INCLUSION AND FLOW DOWN

1. FAR 52.219-8 will be included in all subcontracts which offer further subcontracting opportunities

	_____	_____
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2. Subcontractors, except small businesses, who receive subcontracts over the applicable threshold (\$500,000 or \$1,000,000) will adopt a similar subcontracting plan

	_____	_____
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D. REPORTING AND COOPERATION

1. Agreement to submit SF 294 and SF 295 reports

	_____	_____
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2. Agreement to cooperate in studies, surveys, etc. conducted by the ACO, PCO, SBA and others

	_____	_____
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YES *NO*

E. RECORD KEEPING

1. Description of records maintained to show compliance with plan requirements and procedures _____ _____

2. Description of procedures used to ensure timely payment of amounts due pursuant to terms of subcontracts with SB, SDB, WOSB, HUBZone, VOSB, and SDVOSB concerns _____ _____

3. Source lists and vendor data on SB, SDB, WOSB, HUBZone, VOSB, and SDVOSB concerns _____ _____

4. Lists of organizations contacted for sources _____ _____

5. For each contract, bidder's lists on subcontract solicitations over \$100,000 (explain absence of SB, SDB, WOSB, HUBZone, VOSB, and SDVOSB concerns) and reasons the responding SB, SDB, WOSB, HUBZone, VOSB, and SDVOSB business concern failed to receive award _____ _____

6. Efforts made to develop SB, SDB, WOSB, HUBZone, VOSB, and SDVOSB sources _____ _____

7. Description of buyer training and monitoring _____ _____

8. For other than Commercial Plans, on each subcontract, name, address, size and business type of awardee _____ _____

F. DESCRIPTION OF GOOD FAITH EFFORTS TO ACHIEVE THE PLAN GOALS

1. **Subcontracting** (large & small business concerns) as part of total contract value

Base Period	\$ _____	_____ %
1st Option Period	\$ _____	_____ %
2nd Option Period	\$ _____	_____ %
3rd Option Period	\$ _____	_____ %
4th Option Period	\$ _____	_____ %

2. **Small Business Subcontracting (as part of total contact value)**

Base Period	\$ _____	_____ %
1st Option Period	\$ _____	_____ %
2nd Option Period	\$ _____	_____ %
3rd Option Period	\$ _____	_____ %
4th Option Period	\$ _____	_____ %

3. **Small Disadvantaged Business Subcontracting (as part of total contact value)**

Base Period	\$ _____	_____ %
1st Option Period	\$ _____	_____ %
2nd Option Period	\$ _____	_____ %
3rd Option Period	\$ _____	_____ %
4th Option Period	\$ _____	_____ %

4. **Women-Owned Small Business Subcontracting (as part of total contact value)**

Base Period	\$ _____	_____ %
1st Option Period	\$ _____	_____ %
2nd Option Period	\$ _____	_____ %
3rd Option Period	\$ _____	_____ %
4th Option Period	\$ _____	_____ %

5. **HUBZone Small Business Subcontracting (as part of total contract value)**

Base Period	\$ _____	_____ %
1st Option Period	\$ _____	_____ %
2nd Option Period	\$ _____	_____ %
3rd Option Period	\$ _____	_____ %
4th Option Period	\$ _____	_____ %

6. **Veteran-owned Small Business Subcontracting (as part of total contact value)**

Base Period	\$ _____	_____ %
1st Option Period	\$ _____	_____ %
2nd Option Period	\$ _____	_____ %
3rd Option Period	\$ _____	_____ %
4th Option Period	\$ _____	_____ %

7. **Service Disabled Veteran-Owned small businesses (as part of total contract value)**

Base Period	\$ _____	_____ %
1st Option Period	\$ _____	_____ %
2nd Option Period	\$ _____	_____ %
3rd Option Period	\$ _____	_____ %
4th Option Period	\$ _____	_____ %

8. Description of subcontracted items and services: _____

- | | <i>YES</i> | <i>NO</i> |
|--|------------|-----------|
| 9. Description of method of developing goals | _____ | _____ |
| 10. Are overhead and other indirect costs included in the plan goals | _____ | _____ |
| 11. If yes, description of method allocating these costs to the plan | _____ | _____ |
| 12. Description of method of identifying sources to solicit | _____ | _____ |

III. PLAN EVALUATION

A. Sources checked to determine contractor compliance with previous subcontracting plans and verify reasonableness of proposed goals: _____

1. SBA Regional Procurement Assistance staff: _____

2. Defense Contract Management Command (DCMC)
 Small Business Specialist: _____
 Rating: _____

3. Small Business Administration
 Commercial Market Representative: _____
 Rating: _____

4. Other Agency Contracting Officers: _____

	<i>YES</i>	<i>NO</i>
B. Copy of approval letter for Commercial Products Plan	_____	_____
C. Copy of letter approving administrative elements of Master Plan	_____	_____
D. Master Plan includes separate goals	_____	_____
E. Plan demonstrates the Contractor's good faith efforts to use small and disadvantaged businesses as subcontractors to the maximum extent practicable	_____	_____

Contracting Officer _____ **Date** _____

Small Business Specialist _____ **Date** _____