

SUBCONTRACTING PLAN
(Recommended Sample Format)

SOLICITATION or CONTRACT NUMBER:

This plan follows the format for addressing the eleven elements as shown at FAR 52.219-9(d). Please be sure to address all eleven elements.

Contractor Name:

Address:

Dollar Value of Contract: \$_____. **Dollar Value of Subcontracts**
\$_____. **Dollar Value of Socioeconomic Plan \$_____.**

Individual Plan () Master Plan () Commercial Plan () Comprehensive Plan ()

NOTE: For contracts containing options, the percentage goals and dollars must be shown separately for the basic contract period and for EACH option period.

(1) – GOALS. In the tables on pages 2 and 3, state the percentage of total planned subcontracting dollars that will go to all Small Business (**SB**) concerns (no special designation), Small Disadvantaged Business (**SDB**) concerns, Women-Owned Small Business (**WOSB**) concerns, Veteran-Owned Small Business (**VOSB**) concerns, Service Disabled Veteran-Owned Small Business (**SDVOSB**) concerns, HUBZone Small Business (**HZSB**) concerns, Historically Black Colleges and Universities or Minority Institutions (**HBCUMI**) and to other program concerns, i.e., **Ability One** (formerly JWOD) and Mentoring Business Agreements (**MBA**). Note that percentage goals may be repeated across categories. Example, a business may be small, service-disabled, and located in a Hubzone.

(2) – STATEMENT OF DOLLARS. In the tables on pages 2 and 3, state the planned subcontracting dollars that will go to all Small Business (**SB**) concerns (no special designation), Small Disadvantaged Business (**SDB**) concerns, Women-Owned Small Business (**WOSB**) concerns, Veteran-Owned Small Business (**VOSB**) concerns, Service Disabled Veteran-Owned Small Business (**SDVOSB**) concerns, HUBZone Small Business (**HZSB**) concerns, Historically Black Colleges and Universities or Minority Institutions (**HBCUMI**) and to other program concerns, i.e., **Ability One** (formerly JWOD) and **MBA** entities. Note that percentage goals may be repeated across categories. Example, a business may be small, service-disabled, and located in a Hubzone.

STATEMENT OF GOALS AND DOLLARS - SUBCONTRACTING PLAN

Note: Subcontracting dollars can apply to more than one small business category. Total Contract Value- \$ _____

SMALL BUSINES - NO SPECIAL DESIGNATION				HUBZONE SMALL BUSINESS	
Base Year	\$			Base Year	\$
OY 1	\$			OY 1	\$
OY2	\$			OY2	\$
OY3	\$			OY3	\$
OY4	\$			OY4	\$
Total	\$			Total	\$
	%	Percent of Total Subcontracting Dollars			%
	%	Percent of Total Contract Value			%
SMALL DISADVANTAGED BUSINESS				SERVICE-DISABLED VETERAN-OWNED SB	
Base Year	\$			Base Year	\$
OY 1	\$			OY 1	\$
OY2	\$			OY2	\$
OY3	\$			OY3	\$
OY4	\$			OY4	\$
Total	\$			Total	\$
	%	Percent of Total Subcontracting Dollars			%
	%	Percent of total Contract Value			%
WOMAN-OWNED SMALL BUSINESS				VETERAN-OWNED SMALL BUSINESS	
Base Year	\$			Base Year	\$
OY 1	\$			OY 1	\$
OY2	\$			OY2	\$
OY3	\$			OY3	\$
OY4	\$			OY4	\$
Total	\$			Total	\$
	%	Percent of Total Subcontracting Dollars			%
	%	Percent of total Contract Value			%

STATEMENT OF GOALS AND DOLLARS - SUBCONTRACTING PLAN (cont)

Note: Subcontracting dollars can apply to more than one small business category.

HBCUMI		Ability One (JWOD)	
Base Year	\$		Base Year
OY 1	\$		OY 1
OY2	\$		OY2
OY3	\$		OY3
OY4	\$		OY4
Total	\$		Total
	_____ %	Percent of Total Subcontracting Dollars	_____ %
	_____ %	Percent of total Contract Value	_____ %
MENTORING BUSINESS AGREEMENT			
Base Year	\$		
OY 1	\$		
OY2	\$		
OY3	\$		
OY4	\$		
Total	\$		
	_____ %	Percent of Total Subcontracting Dollars	
	_____ %	Percent of total Contract Value	

SUMMARY

Estimated total dollars to LARGE Business PRIME contractor \$ _____

Estimated total subcontract dollars to LARGE business other than Prime \$ _____

Estimated total subcontract dollars to ALL small business \$ _____

Estimated total subcontract dollars to small business PRIME \$ _____

STATEMENT OF GOALS AND DOLLARS - SUBCONTRACTING PLAN (cont)

Cage Codes for Designated Subcontractors	CAGE CODES	Subcontractor Company Names
CAGE Code(s) for Small Bus (no special designation)		
CAGE Code(s) for Small Disadvantaged Bus		
CAGE Code(s) for Women-Owned Small Bus		
CAGE Code(s) for Veteran-Owned Small Bus		
CAGE Code(s) for Service-Disabled Veteran-Owned Small Bus		
CAGE Code(s) for HubZone Small Bus		
CAGE Code(s) for Small Business Prime Contractor		
CAGE Code(s) for Large Business Prime Contractor		
CAGE Code(s) for Large Business Other than Prime Contractor		
CAGE Code(s) for Ability One (JWOD) Non Profit Center(s)		
CAGE Code(s) for MBA(s)		

Note 1: Failure to complete all tables for dollars, percentages, and cage codes under paragraph 2 including option years (if applicable) may negatively effect the evaluation of the overall subcontracting / socioeconomic plan.

Note 2: Socioeconomic Plan Categories Include Small Business (SB) Small Disadvantaged Business (SDB), Woman-Owned Small Business (WOSB) and Historically Black Colleges and Universities Minority Institutions (HBCUMI)

(3) – DESCRIPTION OF PRINCIPLE PRODUCTS OR SERVICES AND TYPES OF BUSINESSES SUPPLYING THEM (as applicable)

PRINCIPLE PRODUCTS	S B	S D B	W O S B	V O S B	S D V O S B	H Z S B	H B C I M I	A O	M B A

(4) – METHOD USED TO DEVELOP GOALS

Explain how you arrived at your percentage goals and dollars for subcontracting to SB, SDB, WOSB, VOSB, SDVOSB, HZSB, HBCMI, and to the other program concerns, ABILITY ONE (JWOD) and MBA. (Para 4 may be continued on the last page.)

	METHOD USED TO DEVELOP GOALS - COMPLETE FOR ALL THAT APPLY
SB:	
SDB:	
WOSB:	
HZSB:	
SDVOSB:	
HUBZN	
HBCUMI	
ABILITY ONE	
MBA	

(5) – METHOD USED TO IDENTIFY POTENTIAL SUBCONTRACTING SOURCES
 (Check all that apply)

<input type="checkbox"/>	Existing Company Source Lists.
<input type="checkbox"/>	SBA's SUB-Net
<input type="checkbox"/>	Federal Business Opportunities (www.fbo.gov)
<input type="checkbox"/>	Procurement Marketing and Access Network (CCR/Dynamic Small Business Search.) (www.ccr.gov)
<input type="checkbox"/>	National Minority Purchasing Council Vendor Information Service.
<input type="checkbox"/>	U.S. Department of Commerce Minority Business Development Agency's Research and Information Service.
<input type="checkbox"/>	Small, Small Disadvantaged Bus, Women-Owned Small Bus, Veteran-Owned Small Bus, Service Disabled Veteran-Owned Small Bus, HubZone Small Bus, Historically Black Colleges or Universities and Minority Institutions, and Ability One (JWOD) Publications or Trade Associations.
<input type="checkbox"/>	SBA's Lists of Certified SDB and HZSB Concerns
<input type="checkbox"/>	Veteran's Service Organizations
<input type="checkbox"/>	MBA. Explain -
<input type="checkbox"/>	Other. Explain -
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

(6) – INDIRECT COSTS (Check which applies.)

___ Indirect costs **have not** been included in establishing subcontracting goals.

___ Indirect costs **have** been included in establishing subcontracting goals. If included, describe how company determined the proportionate share of indirect costs incurred with:

	PRINCIPLE PRODUCTS - COMPLETE FOR ALL THAT APPLY. (Para. 6 information may be continued on page 11)
SB:	
SDB:	
WOSB:	
HBZN	
VOSB	
SDVOSB	
HBCUMI	
ABILITY ONE	
MBA	

(7) – ADMINISTRATION OF SUBCONTRACTING PROGRAM

The following individual employed by the offeror will administer this subcontracting or socioeconomic plan.

Name:

Address:

Telephone:

Title:

General Description of Duties:

(8) - EQUITABLE OPPORTUNITY TO COMPETE (Check which applies.)

Describe your efforts to ensure that Small, Small Disadvantaged Bus, Women-Owned Small Bus, HubZone Small Bus, Veteran-Owned Small Business, Service Disabled Veteran-Owned Small Bus, HBCUMI, JWOD, and MBA concerns will have an equitable opportunity to compete for subcontracts. These efforts include, but are not limited to, the following activities:

	Outreach Efforts to Obtain Sources:
	Federal Business Opportunities (www.fbo.gov)
	Contacting minority and small business trade associations.
	Contacting business development organizations.
	Attending small and minority business procurement conferences and trade fairs.
	Using CCR/Dynamic Small Business Search. (www.ccr.gov) to locate sources.
	Other: Explain -
	Internal Efforts to Guide and Encourage Purchasing Personnel:
	Presenting workshops, seminars, and training programs.
	Establishing, maintaining, and using Small, Small Disadvantaged Bus, Women-Owned Small Bus, Veteran-Owned Small Bus, Service Disabled Veteran-Owned Small Bus, HubZone Small Bus, Historically Black Colleges or Universities and Minority Institutions, and Ability One (JWOD) source lists, guides, and other data for soliciting subcontracts.
	MBA. Explain -
	Other. Explain -

Paragraph 8 (cont)

(9) - INCLUSION OF FAR CLAUSE 52.219-8, "UTILIZATION OF SMALL BUSINESS CONCERNS," IN SUBCONTRACTS

Place a check by each statement as assurance that the following will be done:

I agree to include FAR Clause 52.219-8, "Utilization of Small Business Concerns," in all subcontracts that offer further subcontracting opportunities.

I will require all subcontractors (except SB concerns) that receive subcontracts in excess of \$500,000 to adopt a subcontracting plan similar to this one that complies with the eleven elements in FAR 52.219-9.

(10) - REQUIREMENT TO COOPERATE IN STUDIES AND SUBMISSION OF REPORTS

Place a check by each statement as assurance that the following will be done:

I agree to cooperate in any studies or surveys as may be required.

I agree to submit periodic reports so that the Government can determine the extent of compliance with the subcontracting plan.

I agree to enter the Subcontracting Summary Report (SSR) formerly Standard Form (SF) 294 or SF 295, into the government-wide Electronic Subcontracting Reporting System (epSRS) at www.esrs.gov in accordance with the instructions provided with eSRS and/or in agency regulations.

I agree to ensure that my subcontractors enter their Individual Subcontracting Report (ISR), formerly Standard Form SF 294 into the government-wide Electronic Subcontracting Reporting System (eSRS) at www.esrs.gov for each scheduled period.

Subcontracting Reports from large business are to be submitted within 30 days after the close of each calendar period as indicated below:

<u>Calendar Period</u>	<u>Report Due</u>	<u>Date Due</u>	<u>Send Report To:</u>
October 01 – March 31	ISR	04/30	Business Specialist & Surveillance Agency (if identified below)
			-----eSRS Section 12. Please enter the e-mail address of the Government employee (s) and/or other person (s) to be notified that you have submitted this report.
April 01 – Sept. 30	ISR	10/30	DDC Small Business Specialist & Surveillance Agency (if identified below) eSRS Section 12. Please enter the e-mail address of the Government employee (s) and/or other person (s) to be notified that you have submitted this report.

October 01 – Sep.30 SSR

10/30

DDC Small Business Specialist & Surveillance Agency (if identified below) eSRS Section 12. Please enter the e-mail address of the Government employee (s) and/or other person (s) to be notified that you have submitted this report.

Defense Distribution Center Acquisition Operations Attn: DDC-AB / Cathy A. Hampton J Avenue, Bldg 404 New Cumberland, PA 17070-5000	Identified Surveillance Agency (To be completed at time of award.)
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(11) – DESCRIPTION OF TYPES OF RECORDS TO BE MAINTAINED

(Check if in agreement)

___I agree to maintain the following records to show compliance with this subcontracting plan:

a. Source lists (e.g., PRO-NET), guides, and other data that identify Small, Small Disadvantaged Bus, Women-Owned Small Bus, Service Disabled Veteran-Owned Small Bus, and HubZone Small Bus sources.

b. Records on organizations contacted to locate Small, Small Disadvantaged Bus, Women-Owned Small Bus, Service Disabled Veteran-Owned Small Bus, and HubZone Small Bus sources.

c. Records on each subcontract solicitation resulting in an award of more than \$100,000, indicating

- (1) Whether SB concerns were solicited and, if not, why not.
- (2) Whether SDB concerns were solicited and, if not, why not.
- (3) Whether WOSB concerns were solicited and, if not, why not.
- (4) Whether SDVOSB concerns were solicited and, if not, why not.
- (5) Whether HZSB concerns were solicited and, if not, why not.

d. Records of outreach efforts to contact:

- (1) Trade associations.
- (2) Business development organizations.
- (3) Conferences and trade fairs to locate Small, Small Disadvantaged Bus, Women-Owned Small Bus, Service Disabled Veteran-Owned Small Bus, and HubZone Small Bus qualifiers.

e. Records of internal guidance and encouragement provided to buyers through:

- (1) Workshops, seminars, training, etc...
- (2) Monitoring performance to evaluate compliance with the program's requirements.

f. On a contract by contract basis, records to support award data submitted to the Government, including the name, address, and business size of each subcontractor.

This Subcontracting Plan was prepared by:

SIGNATURE:

PRINTED NAME:

TITLE: _____

PHONE NUMBER:

DATE PREPARED:

Explain rationale for any limitations on subcontracting opportunities to any of the small business categories.
