#### SMALL BUSINESS SUBCONTRACTING PLAN

	DATE OF PLA	N:
CONTRACTOR:		
ADDRESS:		
DUNN & BRADSTREET NUMBER:		
SOLICITATION OR CONTRACT NUMBER:		
ITEM/SERVICE (Description):		
TOTAL CONTRACT AMOUNT (Breakout Optio		0 .: "11
	Base year or Multi-year amount	Option #1 (If applicable)
\$ \$	_	\ 11 /
Option #2 Option #3 (If applicable) (If applicable)		
TOTAL MODIFICATION AMOUNT, IF APPLICATION TOTAL TASK ORDER AMOUNT, IF APPLICA		
PERIOD OF CONTRACT PERFORMANCE (Mo	onth, Day & Year):	

The following is a suggested model for use when developing subcontracting plans as required by P.L. 95-507 and implemented by Federal Acquisition Regulations (FAR) Subpart 19.7. While this model plan has been designed to be consistent with statutory and regulatory requirements, other formats of a subcontracting plan may be acceptable; however, failure to include the essential information as exemplified in this model may be cause for either a delay in acceptance or the rejection of a bid or offer when a subcontracting plan is required. Further, the use of this model is not intended to waive other requirements that may be applicable under statute or regulation. "SUBCONTRACT," as used in this clause, means any agreement (other than one involving an employer-employee relationship) entered into by a federal Government prime contractor or subcontractor calling for supplies or services required for performance of the contract or subcontract.

L. Type of Plan (check one)	
Individual plan (all elements developed specifically for this contract and applicable for the full term of this contract)	
Master plan (goals developed for this contract; all other elements standardized and approved by a lead agency Federal Official; must be renewed every three years and contractor must provide copy of lead agency approval)	
Commercial product/service plan (contractor sells large quantities of off-the shelf commodities to many Government agencies. Plans/goals negotiated on a company, division plant or product line basis reflecting projected annual sales for commercial and non-commercial items. Must be renewed annually and contractor must provide copy of leagency approval).	
Caracter State separate dollar and percentage goals for Small Business (SB), Small Disadvantaged Business (SDB), Woman-owned Small Business (WOSB), Historically Underutilized Business (OSB), Service Disabled Veteran-owned Small Business (SDVOSB) and "Other than small business" (OTHER) as subcontractors, for the base year and each option year, as specified in FAR 19.704 (break out and append option year goals, if applicable) or project annual subcontracting base and goals under commercial plans.  a. Total estimated dollar value of ALL planned subcontracting i.e., with ALL types of concerns under the commercial plans.	
this contract is $\$$ (b + h = a)	
b. Total estimated dollar value and percent of planned subcontracting with SMALL BUSINESSES (including SDB, WOSB and HUBZone, SDVOSB and VOSB): (% of "a") \$ and%	
c. Total estimated dollar value and percent of planned subcontracting with SMALL DISADVANTAGED BUSINESSES: (% of "a")  \$ and%	
d. Total estimated dollar value and percent of planned subcontracting with WOMAN-OWNED SMALL BUSINESSES: (% of "a")\$ and%	
e. Total estimated dollar and percent of planned subcontracting with HUBZone SMALL BUSINESSES: (% of "a")\$ and%	
f. Total estimated dollar and percent of planned subcontracting with VETERAN-OWNED SMAL BUSINESSES: (% of "a")\$ and%	L
g. Total estimated dollar and percent of planned subcontracting with SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESSES: (% of "a")\$ and%	

h. Total estimated dollar BUSINESSES:" (% of "a					th <b>"</b> OTHER T	ΓHAN SMA	LL
sDVOSB equal subcontracting 2. SDB, WOSB, I counted and rep 3. please attach accoption year	3%; SDB e ls 3% and V goal develo HUBZone, S ported in mi Iditional sho	equals 5 /OSB e pment. SDVOS ultiple c eets sho	equals 3% SB and V categorie owing do	6 and can s OSB goals s, as appro llar amoun	s are subsets of priate.	tive for of SB and sl tages for ea	ch
i. Provide a description of contract, and indicate the s							n1S
Subcontracting Product/Service	Other	SB	SDB	WOSB	HUBZone	VOSB	SDVOSE
j. Provide a description of disadvantaged, woman-ow to ensure that maximum process. Explain the methore concerns and explain purposes. Explain the methore goals. Also, explain the concerns were concerns were concerns were concerns used in the determination.	ned and HU racticable so the method nod and stat plain how the one small busidered for	JBZone abcontrol used to the quality the areas suscential to the property of t	e small be acting of acting of acting of acting of antitatives to be succernative topp	usinesses of portunities by potential we basis (in abcontracte s were dete portunities.	concerns. Add s have been m sources for so dollars) used d to small, sm ermined and h Identify any	ress efforts hade availabilitation to establish hall disadva how the cap source lists	made ble for the intaged, abilities
k. Indirect costs havesubcontracting goals above			n include	ed in the do	ollar and perce	entage	
If indirect costs have be share of such costs to be and SDVOSB concerns.	e allocated						
	i Di		2		<b>.</b>		_

Du sub mo	Program Administrator: NAME/TITLE: ADDRESS: TELEPHONE/E-MAIL: ties: Does the individual named above contracting program, i.e., developing, participation of the recommendation of the program of the prog	preparing, and executing subcon	tracting plans and
	NO is checked, please indicate who in ies are not performed in you company)		ies, or indicate why the
a.	Develops and promotes company-wide support for awarding contracts and sub SDVOSB concerns; and assures that the solicitations for products and services	ocontracts to SB, SDB, WOSB, nese concerns are included on the	HUBZone, VOSB and se source lists for
b.	Develops and maintains bidder source SDVOSB concerns from all possible s		Zone, VOSB and
c.	Ensures periodic rotation of potential s	subcontractors on bidder's lists;	[ ] yes [ ] no
d	Ensures that SB, SDB, WOSB, HUBZ the bidders' list for every subcontract scapable of providing; ; [ ] yes [ ] no	solicitation for products and serv	
e.	Ensures that Requests For Proposals (I participation of SB, SDB, WOSB, HU no		
f.	Reviews subcontract solicitiations to restrict to prohibit SB, SDB, WOSB, F [ ] no		
g.	Accesses various sources for the identi SDVOSB concerns to include the SBA (http://www.sba.gov), the National Mi Service, the Office of Minority Busines small business and minority associatio Federal agencies' Small Business Office	A's PRO-Net and SUB-Net Systemority Purchasing Council Vencess Data Center in the Departments, contact with local chambers	em, lor Information nt of Commerce, local
h.	Establishes and maintains contract and	subcontract award records; [ ]	yes [] no
Sm	all Business Subcontracting Plan	Page 4	Attachment 15

i.	Participates in Business Opportunity Workshops, Minority Business Enterprise Seminars, Trade Fairs, Procurement Conferences, etc; [ ] yes [ ] no
j.	Ensures that SB, SDB, WOSB, HUBZone, VOSB and SDVOSB concerns are made aware of subcontracting opportunities and assisting concerns in preparing responsive bids to the company; [ ] yes [ ] no
k.	Conducts or arranges for the conduct of training for purchasing personnel regarding the intent and impact of Section 8(d) fo the Small Business Act, as amended; [ ] yes [ ] no
1.	Monitors the company's subcontracting program performance and making any adjustments necessary to achieve the subcontract plan goals; [ ] yes [ ] no
m.	Prepares, and submits timely, required subcontract reports; [ ] yes [ ] no
n.	Coordinates the company's activities during the conduct of compliance reviews by Federal agencies, and; [ ] yes [ ] no
о.	Other duties:

# 4. Equitable Opportunity

Describe efforts the offeror will make to ensure that SB, SDB, WOSB, HUBZone, VOSB and SDVOSB concerns will have an equitable opportunity to compete for subcontracts. These efforts include, but are not limited to, the following activities:

- a. Outreach efforts to obtain sources:
  - 1) Contacting minority and small business trade associations;2) contacting business development organizations and local chambers of commerce;3) Attending SB, SDB, WOSB, HUBZone, VOSB and SDVOSB concerns procurement conferences and trade fairs; 4) Requesting sources from the Small Business Administrations (SBA) PRONET an SUB-Net Systems, (<a href="http://www.sba.gov/">http://www.sba.gov/</a>), and other SBA and Federal agency. Contractors may also conduct market surveys to identify new sources, to include, accessing the NIH e-Portals in Commerce, (e-PIC), (<a href="http://epic.od.hin.gov/">http://epic.od.hin.gov/</a>). The NIH e-Portals in Commerce is not a mandatory source and may be used at the offeror's discretion..
- b. Internal efforts to guide and encourage purchasing personnel:
  - 1) Conducting workshops, seminars, and training programs;
  - 2) Establishing, maintaining, and utilizing SB, SDB, WOSB, HUBZone, VOSB and SDVOSB source lists, guides, and other data for soliciting subcontractors, and;
  - 3) Monitoring activities to evaluate compliance with the subcontracting plan.
- c. Additional efforts:

#### 5. Flow Down Clause

The contractor agrees to include the provisions under FAR 52.219-8, "Utilization of Small, Small Disadvantaged, and Women-Owned Small Business Concerns", in all subcontracts that offer further subcontracting opportunities. All subcontractors, except small business concerns, that receive subcontracts in excess of \$500,000 (\$1,000,000 for construction) must adopt and comply with a plan similar to the plan required by FAR 52.219-9, "Small, Small Disadvantaged, and Women-Owned Small Business Subcontracting Plan." (FAR 19.704(a)(4).

### 6. Reporting and Cooperation

The contractor gives assurance of (1) cooperation in any studies or surveys that may be required; (2) submission of periodic reports which show compliance with the subcontracting plan; (3) Submission of Standard Form (SF) 294, "Subcontracting Report for Individual Contracts," and attendant Optional Form 312, SDB Participation Report and SF-295, "Summary Subcontract Report," in accordance with the instructions on the forms; and (4) ensuring that subcontractors agree to submit Standard Forms 294 and 295.

Reporting Period	Report Due	Due Date
Oct 1 - Mar 31	SF-294/of 312	4/30
Apr 1 - Sept 30	SF-294/of 312	10/30
Oct 1 - Sept 30	SF-295	10/30
Contract Completion	OF 312	30 days after completion

Special instructions for commercial products plan: SF295 Report is due on 10/30 each year for the previous fiscal year ended 9/30.

- (a) Submit SF-294 to cognizant Contracting Officer
- (b) Submit Optional form 312, (OF 312), if applicable, to cognizant Awarding Contracting Officer
- (c) Submit SF 295 to cognizant Awarding Contract Officer and to the

Office of Small and Disadvantaged Business Utilization Department of Health and Human Services 200 Independence Avenue, SW Humphrey H. Building, Room 517-D Washington, D.C. 20201

(d) Submit "information" copy of the SF 295 and the SF 294 upon request to the SBA Commercial Market Representative (CMR); visit the SBA at <a href="http://www.sba.gov/gc">http://www.sba.gov/gc</a> and click on assistance directory to locate CMR.

## 7. Record keeping

In accordance with FAR 19.704(a)(11), the following is a recitation of the types of records the contractor will maintain to demonstrate the procedures adopted to comply with the requirements and goals in the subcontracting plan. These records will include, but not be limited to, the following:

- a. SB, SDB, WOSB, HUBZone, VOSB and SDVOSB concerns source lists, guides and other data identifying such vendors;
- b. Organizations contacted in an attempt to locate SB, SDB, WOSB, HUBZone, VOSB and SDVOSB sources;
- c. On a contract-by-contract basis, records on all subcontract solicitations over \$100,000, which indicate for each solicitation (1) whether SB, SDB, WOSB, HUBZone, VOSB and/or SDVOSB concerns were solicited, and, if not; why not and the reasons solicited concerns did not receive subcontract awards
- d. Records to support other outreach efforts, e.g., contracts with minority and small business trade associations, attendance at small and minority business procurement conferences and trade fairs;
- e. Records to support internal guidance and encouragement provided to buyers through (1) workshops, seminars, training programs, incentive awards; and (2) monitoring performance to evaluate compliance with the program & requirements, and;
- f. On a contract-by-contract basis, records to support subcontract award data including the name address, and business type and size of each subcontractor. (This item is not required for company or division-wide commercial products plans.)
- g. Additional records:
- 8. Timely Payments to Subcontractors

FAR 19.702 requires your company to establish and use procedures to ensure the timely payment of amounts due pursuant to the terms of your subcontract with small business concerns, small disadvantaged small business concerns, women-owned small business concerns, HUBZone small business concerns, veteran-owned small business concerns, and service-disabled veteran-owned small business concerns.

Your company has established and uses such procedures: [	]	yes	[	]	no
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#### 9.Description of Good Faith Effort

Maximum practicable utilization of small, small disadvantaged, women-owned, HUBZone, veteran-owned, and service-disabled veteran-owned small business concerns as subcontractors in Government contracts is a matter of national interest with both social and economic benefits. When a contractor fails to make a good faith effort to comply with a subcontracting plan, these objectives are not achieved, and 15 U.S.C. 637(d) (4) (F) directs that liquidation damages shall be paid by the contractor. In order to demonstrate you compliance with a good faith effort to achieve the small, small disadvantaged, women-owned, HUBZone, veteran-owned, and service-disabled veteran-owned small business subcontracting goals, outline the steps your company plans to take. These ssteps will be negotiated with the contracting officer prior to approval of the plan.

# SIGNATURE PAGE

(If applicable)

This subcontracting plan was submitted by
Contractor:
Contractor Signature:
Typed Signature:
Title:
Date Prepared:
This Plan (Check One) [ ] Individual [ ] Master [ ] Commercial
Is Accepted By: Federal Agency:
Federal Contracting Officer Signature:
Typed Name:

Date: