U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary
Washington, D.C. 20201

OFFICE OF SMALL AND DISADVANTAGED BUSINESS UTILIZATION
SMALL BUSINESS SUBCONTRACTING PLAN

HHS Operating Division (OPDIV): _____

DATE OF PLAN: _____

CONTRACTOR: _____

ADDRESS: _____

_____

DUNN & BRADSTREET NUMBER: _____

SOLICITATION OR CONTRACT NUMBER: _____

ITEM/SERVICE (Description):

_____

_____

_____

_____

NEW/INITIAL CONTRACT

PERIOD OF CONTRACT PERFORMANCE (Month, Day & Year):_____

Base	$_____	Performance Period/Quantity _____
Option 1:	$_____	Performance Period/Quantity _____
Option 2:	$_____	Performance Period/Quantity _____
Option 3:	$_____	Performance Period/Quantity _____
Option 4:	$_____	Performance Period/Quantity _____

$_____ Total Contract Cost

CONTRACT MODIFICATION (if applicable)

PERIOD OF CONTRACT PERFORMANCE (Month, Day & Year):_____

Original/Base	$_____	Performance Period/Quantity _____
Modification	$_____	Performance Period/Quantity _____
Task Order	$_____	Performance Period/Quantity _____
	$_____	Modified Total Contract Cost

The following outline meets the minimum requirements of section 8(d) of the Small Business Act, as amended, and implemented by Federal Acquisition Regulations (FAR) Subpart 19.7. While this outline has been designed to be consistent with statutory and regulatory requirements, other formats of a subcontracting plan may be acceptable. **It is not intended to replace any existing corporate/commercial plan that is more extensive.**

Failure to include the essential information of FAR Subpart 19.7 may be cause for either a delay in acceptance or the rejection of a bid or offer when a subcontracting plan is required. "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 requesting supplies or services required for performance of the contract or subcontract.

If assistance is needed to locate small business sources, contact the OPDIV Small Business Specialist (SBS) at (_____) _____-_____, the Office of Small and Disadvantage Business Utilization (OSDBU) at (202) 690-7300, or visit the OSDBU website (http://www.hhs.gov/osdbu/staff.html). Also, sources may be obtained through the Central Contractor Registration (http://www.ccr.gov/) website.

Please note that the U.S. Department of Health and Human Services (HHS) has subcontracting goals of _____% for small business, including Alaska Native Corporations (ANC) and Indian Tribes (hereafter referred to as SB) , ____% for small disadvantaged business, including Alaska Native Corporations (ANC) and Indian Tribes (hereafter referred to as SDB), _____% for women-owned business and economically disadvantaged women-owned business (hereafter referred to as WOSB), _____% for HubZone business (HUBZone) and ____service disabled veteran-owned small business (SDVOSB) concerns for fiscal year _____. For this procurement, HHS expects all proposed subcontracting plans to contain the following small business goals, a minimum, ____% for total SB, ____ % for SDB, _____% for WOSB, ____% for HubZone and _____% for SDVOSB concerns. These percentages shall be expressed as percentages of the total estimated subcontracting dollars. **The offeror is required to include an explanation for a category that has zero as a goal.**

1. 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 products/service plan*** (goals are negotiated with the initial agency on a company-wide basis rather than for individual contracts) this plan applies to the entire production of commercial service or items or a portion thereof. The contractor sells commercial products and services customarily used for non-government purposes. The plan is effective during the offeror's fiscal year. ***The contractor must provide a copy of the initial agency approval and must enter an annual SSR into the electronic Subcontracting Reporting System (eSRS) with a breakout of subcontracting prorated for HHS and other Federal agencies.***

2. Goals

Below indicate the dollar and percentage goals for Small Business, including Alaska Native Corporations and Indian Tribes (SB), Small Disadvantaged (SDB), Woman-owned and Economically Disadvantaged Women-Owned (WOSB), Historically Underutilized Business Zone (HUBZone), Service-Disabled Veteran-owned (SDVOSB) small businesses and "Other than small business" (Other) as subcontractors. Indicate the base year and each option year, as specified in FAR 19.704 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 this contract is _____ (Base Year).

FY ___1st Option FY ___2nd Option FY ___3rd Option FY ___4th Option

$ _____ $ _____ $ _____ $ _____

b. Total estimated dollar value and percent of planned subcontracting with SMALL BUSINESSES (including SDB, WOSB, HUBz and SDVOSB): (% of "a")
$ _____ and _____% (Base Year)

FY ___1st Option FY ___2nd Option FY ___3rd Option FY ___4th Option

$ _____ $ _____ $ _____ $ _____

c. Total estimated dollar value and percent of planned subcontracting with SMALL DISADVANTAGED BUSINESSES: (% of "a") $ _____ and _____% (Base Year).

FY ___1st Option FY ___2nd Option FY ___3rd Option FY ___4th Option

$ _____ $ _____ $ _____ $ _____

d. Total estimated dollar value and percent of planned subcontracting with WOMAN-OWNED SMALL BUSINESSES: (% of "a") $ _____ and _____% (Base Year)

FY ___1st Option FY ___2nd Option FY ___3rd Option FY ___4th Option

$ _____ $ _____ $ _____ $ _____

e. Total estimated dollar and percent of planned subcontracting with HUBZone SMALL BUSINESSES:
(% of "a") $ _____ and _____% (Base Year)

FY ___1st Option FY ___2nd Option FY ___3rd Option FY ___4th Option

$ _____ $ _____ $ _____ $ _____

f. Total estimated dollar and percent of planned subcontracting with SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESSES: (% of "a") $ _____ and _____% (Base Year)

FY ___1st Option FY ___2nd Option FY ___3rd Option FY ___4th Option

$ _____ $ _____ $ _____ $ _____

g. Total estimated dollar and percent of planned subcontracting with "OTHER THAN SMALL BUSINESSES"
(% of "a") $ _____ and _____% (Base Year)

FY ___1st Option FY ___2nd Option FY ___3rd Option FY ___4th Option

$ _____ $ _____ $ _____ $ _____

Notes:

1. Federal prime contract goals are:

   SB equals ____%; SDB equals ___%; WOSB equals ___%; HUBZone equals____; and SDVOSB equals ___% may serve as objectives for subcontracting goal development.

2. SDB, WOSB, HUBZone and SDVOSB goals are subsets of SB and should be counted and reported in multiple categories, as appropriate.

3. If any contract has more four options, please attach additional sheets showing dollar amounts and percentages.

Provide a description of ALL the products and/or services to be subcontracted under this contract, and indicate the size and type of business supplying them (check all that apply):

Products and/or Services	Other	Small Business	SDB	WOSB	Hubz	SDVOSB
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

i. Provide a description of the method used to develop the subcontracting goals for SB, SDB, WOSB, HUBZone and SDVOSB concerns. Address efforts made to ensure that maximum practicable subcontracting opportunities have been made available for those concerns and explain the method used to identify potential sources for solicitation purposes. Explain the method and state the quantitative basis (in dollars) used to establish the percentage goals. Also, explain how the areas to be subcontracted to SB, WOSB, HUBZone and SDVOSB concerns were determined, how the capabilities of these concerns were considered contract opportunities and how such data comports with the cost proposal. Identify any source lists or other resources used in the determination process. (Attach additional sheets, if necessary.)

_____

_____

j. Indirect costs have ____ have not ____ been included in the dollar and percentage subcontracting goals above (check one).

k. If indirect costs have been included, explain the method used to determine the proportionate share of such costs to be allocated as subcontracts to SB, SDB, WOSB, HUBZone and SDVOSB concerns:

_____

_____

3. Program Administrator:

NAME/TITLE: _____

ADDRESS: _____

_____

TELEPHONE: _____

E-MAIL: _____

Duties: Does the individual named above have general overall responsibility for the company's subcontracting program, i.e., developing, preparing, and executing subcontracting plans and monitoring performance relative to the requirements of those subcontracting plans and perform the following duties? (If NO is checked, please who in the company performs those duties, or indicate why the duties are not performed in your company on a separate sheet of paper and submit with the proposed subcontracting plan.)

a. Developing and promoting company-wide policy initiatives that demonstrate the company's support for awarding contracts and subcontracts to SB, SDB, WOSB, HUBZone and SDVOSB concerns; and for assuring that these concerns are included on the source lists for solicitations for products and services they are capable of providing. ___ yes ____ no

b. Developing and maintaining bidder source lists of SB, SDB, WOSB, HUBZone and SDVOSB concerns from all possible sources; _____ yes _____ no

c. Ensuring periodic rotation of potential subcontractors on bidder's lists; __ yes ___ no

d. Assuring that SB, SDB, WOSB, HUBZONE and SDVOSB businesses are included on the bidders' list for every subcontract solicitation for products and services that they are capable of providing. _____ yes _____ no

e. Ensuring that Requests for Proposals (RFPs) are designed to permit the maximum practicable participation of SB, SDB, WOSB, HUBZone and SDVOSB concerns. _____ yes _____ no

f. Reviewing subcontract solicitations to remove statements, clauses, etc., which might tend to restrict or prohibit small, 8(a), SDB, WOSB, Hubz and SDVOSB small business participation. _____ yes _____ no

g. Accessing various sources for the identification of SB, SDB, WOSB, HUBZone and SDVOSB concerns to include the Central Contractor Registration (http://www.ccr.gov/), local small business and minority associations, local chambers of commerce and Federal agencies' Small Business Offices; ___ yes ___ no

h. Establishing and maintaining contract and subcontract award records;
_____ yes _____ no

i. Participating in Business Opportunity Workshops, Minority Business Enterprise Seminars, Trade Fairs, Procurement Conferences, etc; _____ yes _____ no

j. Ensuring that SB, SDB, WOSB, HUBZone and SDVOSB concerns are made aware of subcontracting opportunities and assisting concerns in preparing responsive bids to the company; _____ yes _____ no

k. Conducting or arranging for the conduct of training for purchasing personnel regarding the intent and impact of Section 8(d) of the Small Business Act, as amended; _____ yes _____ no

l. Monitoring the company's subcontracting program performance and making any adjustments necessary to achieve the subcontract plan goals;
_____ yes _____ no

m. Preparing and submitting timely, required subcontract reports;
_____ yes _____ no

n. Conducting or arranging training for purchasing personnel regarding the intent and impact of 8(d) of the Small Business Act on purchasing procedures; _____ yes _____ no

o. Coordinating the company's activities during the conduct of compliance reviews by Federal agencies; and _____ yes _____ no

p. Other duties: _____

4. Equitable Opportunity

Describe efforts the offeror will undertake to ensure that SB, SDB, WOSB, HUBZone 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. Contact minority and small business trade associations; 2) contact business development organizations and local chambers of commerce; 3) attend SB, SDB, WOSB, HUBZone and SDVOSB procurement conferences and trade fairs; 4) review sources from the Central Contractor Registration (http://www.ccr.gov/); 5) review sources from the Small Business Administration (SBA), Central Contractor Registration (CCR); 6) Consider using other sources such as the National Institutes of Health (NIH) e-Portals in Commerce, (e-PIC), (http://epic.od.nih.gov/). The NIH e-PIC is not a mandatory source; however, it may be used at the offeror's discretion; and 7) Utilize newspaper and magazine ads to encourage new sources.

b. Internal efforts to guide and encourage purchasing personnel:

1. Conduct workshops, seminars and training programs;

2. Establish, maintain, and utilize SB, SDB, WOSB, HUBZone and SDVOSB source lists, guides, and other data for soliciting subcontractors; and

3. Monitor activities to evaluate compliance with the subcontracting plan.

Additional efforts:

_____

_____

5. Flow Down Clause

The contractor agrees to include the provisions under FAR 52.219-8, "Utilization of Small Business Concerns," in all acquisitions exceeding the simplified acquisition threshold that offers further subcontracting opportunities. All subcontractors, except small business concerns, that receive subcontracts in excess of $550,000 ($1,000,000 for construction) must adopt and comply with a plan similar to the plan required by FAR 52.219-9, "Small Business Subcontracting Plan." ***Note:*** In accordance with FAR 52.212-5(e) and 52.244-6(c) the contractor is not required to include flow-down clause FAR 52.219.-9 if it is subcontracting commercial items.

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 its Individual Subcontracting Report (ISR) and Summary Subcontract Report (SSR); and (4) ensuring that subcontractors agree to submit ISRs and SSRs. **The ISR and SSR shall be submitted via the Electronic Subcontracting Reporting System (eSRS) website** **https://esrs.symplicity.com/index?_tab=signin&cck=1**

Reporting Period	Report Due	Due Date
Oct 1 - Mar 31	ISR	4/30
Apr 1 - Sept 30	ISR	10/30
Oct 1 - Sept 30	SSR	10/30
Contract Completion	OF 312	30 days after completion

See FAR 19.7 for instruction concerning the submission of a Commercial Plan: SSR is due on 10/30 each year for the previous fiscal year ending 9/30.

a. Submit ISR (bi-annually) for the awarding Contracting Officer's review and acceptance via the eSRS website.

b. Currently, SSR (annually) must be submitted for the HHS eSRS Agency Coordinator review and acceptance via the eSRS website. (***Note**:* Log onto the OSDBU website to view the HHS Agency Coordinator contact information (http://www.hhs.gov/osdbu/staff.html).

Note: Due to the nature and complexity of many HHS contracts, the contractor may not be required to submit its subcontracting reports through the eSRS. The HHS Agency Coordinator will confirm the contractor's submission requirements. If the contractor's is required to submit paper copies, it will submit a copy to the HHS Agency Coordinator, the Contracting Officer and the appropriate SBA Commercial Market representative.

7. Record keeping

FAR 19.704(a) (11) requires a list of the types of records your company will maintain to demonstrate the procedures adopted to comply with the requirements and goals in the subcontracting plan. 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 and SDVOSB source lists, guides and other data identifying such vendors;

b. Organizations contacted in an attempt to locate SB, SDB, WOSB, HUBZone 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 and/or SDVOSB concerns were solicited, if not, why not and the reasons solicited concerns did not receive subcontract awards;

d. Records to support other outreach efforts, e.g., contacts 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 and 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 on a *contract – by – contract basis* for company or division-wide commercial plans.)

g. Other records to support your compliance with the subcontracting plan: (Please describe)

_____

_____

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 subcontracts with small business concerns, 8(a), SDB, women-owned small business, HubZone and service disabled veteran-owned small business concerns.

Your company has established and used such procedures: _____ yes _____ no

9. Description of Good Faith Effort

Maximum practicable utilization of small, 8(a), small disadvantaged, woman-owned, HubZone small and service disabled veteran owned 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 liquidated damages shall be paid by the contractor.** In order to demonstrate your compliance with a good faith effort to achieve the small, SDB, WOSB, HubZone and SDVOSB small business subcontracting goals, outline the steps your company plans to take. These steps will be negotiated with the contracting official prior to approval of the plan.

_____

_____

_____

_____

_____

SIGNATURE PAGE

Signatures Required:

This subcontracting plan was submitted by:

Signature: _____

Typed Name: _____

Title: _____

Date: _____

This plan was reviewed by:

Signature: _____

Typed Name: _____

Title: Contracting Officer Date: _____

This plan was reviewed by:

Signature: _____

Typed Name: _____

Title: Small Business Specialist (SBS) Date: _____

This plan was reviewed by:

Signature: _____

Typed Name: _____

Title: Small Business Administration Procurement Center Representative

Date: _____

Is Accepted By:

OPDIV: _____

Typed Name: _____

Title: _____

Date: _____

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