

### Attachment 3

#### SUBCONTRACTING PLAN REVIEW

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 completed plan is reviewed, it shall be submitted to the SBA Procurement Center Representative (PCR) prior to submission to the Director, Small Business Development or designee for approval. 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 Products Plan

#### II. REQUIRED ELEMENTS OF THE SUBCONTRACTING PLAN

YES NO

##### A. PLAN ADMINISTRATOR

- 1. Administrator's Name \_\_\_\_\_ Telephone # \_\_\_\_\_
- 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 businesses have an equitable opportunity to compete for subcontracts. \_\_\_\_\_

##### C. CLAUSE INCLUSION AND FLOW DOWN

- 1. FAR 52.219-8 will be included in all subcontracts which offer further subcontracting opportunities
- 2. Subcontractors, except small businesses, who receive subcontracts over the applicable threshold (\$550,000 or \$1,000,000) will adopt a similar subcontracting plan.

##### D. REPORTING AND COOPERATION

- 1. Agreement to submit Individual Subcontract Reports (ISRs) and Summary Subcontract Reports (SSRs)
- 2. Agreement to cooperate in studies, surveys, etc. conducted by the ACO, PCO, SBA and others.

**E. RECORD KEEPING**

- 1. Description of records maintained to show compliance with plan requirements and procedures. [ ] [ ]
- 2. Source lists and vendor data on SB, HUBZone, SDB, WOSB, VOSB and SDVOSB concerns [ ] [ ]
- 3. Lists of organizations contacted for sources. [ ] [ ]
- 4. For each contract, bidder's lists on subcontract solicitations over \$100,000 (explain absence of SB, HUBZone, SDB, WOSB, VOSB, or SDVOSB concerns) and reasons if responding SB concerns failed to receive award [ ] [ ]
- 5. Efforts made to develop SB, HUBZone, SDB, WOB, VOSB, and SDVOSB sources. [ ] [ ]
- 6. Description of buyer training and monitoring. [ ] [ ]
- 7. 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** [ ] [ ]

**G. GOALS**

BASE YEAR	1ST OPTION	2ND OPTION	3RD OPTION	4TH OPTION	
1. Total Subcontracting					
\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %	
\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	
2. Small Business Subcontracting (sub-set of item 1)					
\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %	
\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	
3. HUBZone Small Business Subcontracting (subset of item 2)					
\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %	
\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	
4. Small Disadvantaged Business Subcontracting (sub-set of item 2)					
\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %	
\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	
5. Women-Owned Small Business Subcontracting (sub-set of item 2)					
\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %	
\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	
6. Veteran-Owned Small Business Subcontracting (sub-set of item 2)					
\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %	
\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	
7. Service Disabled Veteran-Owned Small Business Subcontracting (sub-set of item 2)					
\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %	
\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	\$ _____ 100%	
				YES	NO
8. Description of subcontracted items and services:				[ ]	[ ]
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.				[ ]	[ ]
13. Timely payments to subcontractors.				[ ]	[ ]

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. Other Agency Contracting Officers:

\_\_\_\_\_

	YES	NO
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 business concerns as subcontractors to the maximum extent practicable.	[ ]	[ ]

\_\_\_\_\_  
Contract Specialist/Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
OSDBU Director or Designee

\_\_\_\_\_  
Date