

**SUBCONTRACTING PLAN**  
**(Recommended Sample Format)**

SOLICITATION or CONTRACT NUMBER: **SP3100-09-R-0010**

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This plan follows the format for addressing the eleven elements as shown at FAR 52.219-9(d), FAR 19.704, and DFARS 19.704. Please be sure to address all eleven elements.

Contractor Name:

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Address:

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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 Subcontracting Dollars
	%			%	
		Percent of Total Contract Value			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 Subcontracting Dollars
	%			%	
		Percent of total Contract Value			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 Subcontracting Dollars
	%			%	
		Percent of total Contract Value			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	
<b>MENTORING BUSINESS AGREEMENT</b>			
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 contractor \$ \_\_\_\_\_

**STATEMENT OF GOALS AND DOLLARS - SUBCONTRACTING PLAN (cont)**

<b>Cage Codes for Designated Subcontractors</b>	<b>CAGE CODES</b>	<b>Subcontractor Company Names</b>
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 Partners		

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)




**(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 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	



**(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 small business:

	PRINCIPLE PRODUCTS - COMPLETE FOR ALL THAT APPLY. (Para. 6 information may be continued on a separate page if additional space is required.)
SB:	
SDB:	
<i>(include ANC's</i>	
<i>&amp; Indian Tribes)</i>	
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, AbilityOne (JWOD), and MBA concerns will have an equitable opportunity to compete for subcontracts. These efforts include, but are not limited to, the following activities:

	<b>Outreach Efforts to Obtain Sources:</b>
	Contacting minority and small business trade associations.
	Contacting business development organizations.
	Attending small and minority business procurement conferences and trade fairs.
	Using PRO-NET to locate sources.
	Other: Explain -
	<b>Internal Efforts to Guide and Encourage Purchasing Personnel:</b>
	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 below -
	Other. Explain below -

**Paragraph 8 (cont)**

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**(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 \$550,000 to adopt a subcontracting plan similar to this one that complies with the requirements of FAR 52.219-9 and 19.708(b).

**(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 submit the Individual Subcontract Report (ISR) and the Summary Subcontracting Report (SSR) using the Electronic Subcontract Reporting System (eSRS) (<http://www.esrs.gov>) as provided in agency regulations.

I agree to ensure that my subcontractors will submit the ISR and/or the SSR using the eSRS.

I agree to provide the prime contract number, prime contract DUNS number, and the email address of the Government or Contractor official responsible for acknowledging or rejecting the reports, to all first-tier subcontractors with subcontracting plans so they can enter this information into the eSRS when submitting reports.

I agree to require that each subcontractor with a subcontracting plan provide the prime contract number, its own DUNS number, and the email address of the Government or Contractor official responsible for acknowledging or rejecting the reports, to its subcontractors with subcontracting plans.

**Subcontracting Reports are to be submitted to eSRS (<http://www.esrs.gov/>) within 30 days after the close of each calendar period as indicated below. For purposes of eSRS submission, the Contracting Officer for this solicitation/contract is Meg Ross ([meg.ross@dla.mil](mailto:meg.ross@dla.mil))**

Calendar Period	Report Due	Date Due	Send Report To:
10/01—03/31	ISR	04/30	DDC Small Business Specialist & Surveillance Agency (if identified below)
04/01—09/30	ISR	10/30	DDC Small Business Specialist & Surveillance Agency (if identified below)
10/01—09/30	SSR	10/30	DDC Small Business Specialist & Surveillance Agency (if identified below)

Prior to final invoice payment under this contract, the contractor shall submit final subcontracting goals and achievements for this contract to the Small Business Specialist ([cathy.hampton@dla.mil](mailto:cathy.hampton@dla.mil)) if the incentive subcontracting clause at FAR 52.219-10 is included in the awarded contract.

**(11) – DESCRIPTION OF TYPES OF RECORDS TO BE MAINTAINED**

(Check if in agreement)

I agree to maintain the following types of records and/or procedures adopted to show compliance with the requirements and goals in this subcontracting plan:

a. Establishing source lists (e.g., DSBS), 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. A description of the offeror's efforts to locate Small, Small Disadvantaged Bus, Women-Owned Small Bus, Service Disabled Veteran-Owned Small Bus, and HubZone Small Bus sources and to award contracts to them.

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:

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PRINTED NAME:

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TITLE: \_\_\_\_\_

PHONE NUMBER:

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DATE PREPARED:

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**Explain rationale for any limitations on subcontracting opportunities to any of the small business categories under paragraphs 1 and 2.**

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