SUBCONTRACTING PLAN
(Recommended Sample Format)

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

_____

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:

_____

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 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 Subcontracting Dollars
	_____%	Percent of total Contract Value			_____%	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 contractor $_____

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 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)

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

PRINCIPLE PRODUCTS	SB	SDB	WOSB	VOSB	SDVOSB	HZSB	HBCIMI	AO	MBA

(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	

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

____	Existing Company Source Lists.
____	Procurement Marketing and Access Network (CCR/PRO-NET).
____	National Minority Purchasing Council Vendor Information Service.
____	U.S. Department of Commerce Minority Business Development Agency's Research and Information Service.
____	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.
____	SBA's Lists of Certified SDB and HUBZn SB Concerns
____	Veteran's Service Organizations
____	MBA. Explain -
____	Other. Explain -

(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:	
(include ANC's	
& Indian Tribes)	
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:

	Outreach Efforts to Obtain Sources:
	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 -
	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 below -
	Other. Explain below -

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 $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)

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) 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:

_____

PRINTED NAME:

_____

TITLE: _____

PHONE NUMBER:

_____

DATE PREPARED:

_____

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

_____

_____

_____

_____