SUBCONTRACTING PLAN TEMPLATE

*This plan follows the format for addressing the fifteen elements as shown at Federal Acquisition Regulation (FAR) 52.219-9(d) (JUN 2020). Failure to provide an acceptable plan as prescribed by contracting officer will render the offeror ineligible for contract award (FAR 19.702(a)(1)).*

SOLICITATION or SUBCONTRACT NUMBER: <*insert number*>

Contractor Name and address: <*insert contractor name and address*>

Approximate Value of Contract: $<*insert value*> (include all priced options)

Contract Period of Performance (if applicable): *<insert start/end dates, include option periods>*

( ) Individual Subcontracting Plan ( ) Master Subcontracting Plan

**(1) GOALS**

State goals as a percentage of total planned subcontracting dollars and as a percentage of total contract dollars that will go to all Small Business (SB) concerns, Historically Underutilized Business Zone (HUBZone) SB concerns, Small Disadvantaged Business (SDB) concerns, Woman-Owned SB (WOSB) concerns, Veteran-Owned SB (VOSB) concerns, and Service-Disabled Veteran-Owned SB (SDVOSB) concerns.

**Goal Table (modify for the appropriate number of years/terms – See Notes)**

**Base Contract Year/Period**

Approximate Contract Period Value: $<*insert value*>

Total Value of all planned subcontracting: $<*insert value*>

|  |  |  |  |
| --- | --- | --- | --- |
| **Base Contract Period** | **(%) Total Planned Subcontracting dollars** | **(%) Total Contract Dollars**  *(If required by CO)* | **Notes** |
| 1. SB: | % | % | (Includes HUBZone SB, SDB, WOSB, VOSB, SDVOSB, ANCs, and Indian tribes when applicable.) |
| 1. VOSB: | % | % |  |
| 1. SDVOSB: | % | % |  |
| 1. HUBZone: | % | % |  |
| 1. SDB: | % | % | (Includes ANCs and Indian tribes) |
| 1. WOSB: | % | % |  |

Add additional years as applicable

**(2) STATEMENT OF DOLLARS**

The following dollar values correspond to the percentage goals in (1).

Base Contract Period (Dollar value):

|  |  |  |
| --- | --- | --- |
|  | Total planned subcontracting dollars: | $ |
| a. | Dollars planned to be subcontracted to SB (includes HUBZone SB, SDB, WOSB, VOSB, SDVOSB, ): | $ |
| b. | Dollars planned to be subcontracted to VOSB: | $ |
| c. | Dollars planned to be subcontracted to SDVOSB: | $ |
| d. | Dollars planned to be subcontracted to HUBZone SB: | $ |
| e. | Dollars planned to be subcontracted to SDB (includes ANCs and Indian tribes): | $ |
| f. | Dollars planned to be subcontracted to WOSB: | $ |

Add additional years as applicable

(3) DESCRIPTION OF PRINCIPAL TYPES OF SUPPLIES AND SERVICES TO BE SUBCONTRACTED AND TYPES OF BUSINESSES SUPPLYING THEM (Check all that apply)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PRINCIPAL SUPPLY/SERVICE | SB | VOSB | SDVOSB | HUBZone SB | SDB | WOSB |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

#### (**4) METHOD USED TO DEVELOP GOALS**

Explain how you arrived at your percentage goals and dollars for subcontracting to SB, VOSB, SDVOSB, HUBZone SB, SDB, and WOSB:

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

\_\_\_\_ Company Source Lists

\_\_\_\_ System for Award Management (SAM) database

\_\_\_\_ Veteran Service Organizations

\_\_\_\_ National Minority Purchasing Council Vendor Information Service

\_\_\_\_ U.S. Department of Commerce Minority Business Development Agency’s Research and Information Division

\_\_\_\_ SB, HUBZone SB, SDB, and WOSB Trade Associations

\_\_\_\_ SBA’s Lists of Certified SDB and HSB Concerns

\_\_\_\_ SB and Minority Business trade fairs or conferences

\_\_\_\_ 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 you determine the proportionate share of indirect costs incurred with:

SB (Including ANCs and Indian tribes):

VOSB:

SDVOSB:

HUBZone SB:

SDB (Including ANCs and Indian tribes):

WOSB:

**(7) ADMINISTRATION OF SUBCONTRACTING PROGRAM**

The following individual employed by the offeror will administer this subcontracting plan:

Name:

Address:

Telephone:

Title:

Description of Duties:

**(8) EQUITABLE OPPORTUNITY TO COMPETE**

Describe your efforts to ensure that SB, VOSB, SDVOSB, HUBZone SB, SDB, and WOSB will have an equitable opportunity to compete for subcontracts. Examples of these efforts include, but are not limited to, the following activities:

Outreach Efforts to Obtain Sources:

* Contacting minority and small business service and trade associations
* Contacting business development organizations
* Attending small and minority business procurement conferences and trade fairs
* Using SAM database to research sources
* Other: Explain -

Internal Efforts to Guide and Encourage Purchasing Personnel:

* Presenting workshops, seminars, and training programs
* Establishing, maintaining, and using SB, VOSB, SDVOSB, HUBZone SB, SDB, and WOSB source lists, guides, and other data for soliciting subcontracts
* Other: Explain -

**(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 (Proposed subcontracting plans with unchecked boxes are considered unacceptable):

I agree to include clause at FAR 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 $750,000 ($1.5 million for construction) to adopt a subcontracting plan that complies with the clause at FAR 52.219-9, Small Business Subcontracting Plan.

**(10) REQUIREMENT TO COOPERATE IN STUDIES AND SUBMISSION OF REPORTS**

Place a check by each statement as assurance that the following will be done (Proposed subcontracting plans with unchecked boxes are considered unacceptable):

(i) I agree to cooperate in any studies or surveys as may be required.

(ii) I agree to submit periodic reports so the government can determine the extent of compliance with the subcontracting plan.

(iii) I agree, after November 30, 2017, to include subcontracting data for each order when reporting subcontracting achievements for indefinite-delivery, indefinite-quantity contracts intended for use by multiple agencies.

(iv) I agree to:

1. Submit the Individual Subcontract Report (ISR) and/or the Summary Subcontract Report (SSR), in accordance with paragraph l of the clause at FAR 52.219-9 using the Electronic Subcontracting Reporting System (eSRS) at http://www.esrs.gov. The reports shall provide information on subcontract awards to SB concerns (including ANCs and Indian tribes that are not SBs), VOSB concerns, SDVOSB concerns, HUBZone SB concerns, SDB concerns (including ANCs and Indian tribes that have not been certified by SBA as SDBs), WOSB concerns, HICUs, and MIs. Reporting will be in accordance with the clause at FAR 52.219-9, or as provided in agency regulations.
2. Submit the ISR semi-annually during contract performance for the periods ending March 31 and September 30, and to submit a report within 30 days of contract completion. I shall submit the reports within 30 days after the close of each reporting period, unless otherwise directed by the contracting officer. Reports are required when due, regardless of whether there has been any subcontracting activity since the inception of the contract or the previous reporting period. When the contracting officer rejects an ISR, I agree to submit a revised ISR within 30 days of receiving the notice of the ISR rejection.
3. Submit the SSR annually by October 30 for the twelve-month period ending September 30. When an SSR is rejected, I agree to submit a revised SSR within 30 days of receiving the notice of SSR rejection.

\_\_\_\_\_ (v) I agree to ensure that my subcontractors with subcontracting plans agree to submit the ISR and/or the SSR using eSRS.

\_\_\_\_\_ (vi) I agree to provide this prime contract number, its UEI (Unique Identity Identifier) number, and the email address of our company official responsible for acknowledging receipt of or rejecting the ISRs, to all first-tier subcontractors with subcontracting plans so they can enter this information into the eSRS when submitting their ISRs.

\_\_\_\_\_ (vii) I agree to require that each subcontractor with a subcontracting plan provide the prime contract number, its own UEI (Unique Entity Identifier) number, and the email address of the subcontractor’s official responsible for acknowledging receipt of or rejecting the ISRs, to its subcontractors with subcontracting plans.

**(11) DESCRIPTION OF TYPES OF RECORDS TO BE MAINTAINED** (Check if in agreement. (Proposed subcontracting plans with unchecked boxes are considered unacceptable):

I agree to maintain the following records to show compliance with this subcontracting plan:

1. Source lists, guides, and other data that identify SB, VOSB, SDVOSB, HUBZone SB, SDB, and WOSB concerns.
2. Records on organizations contacted to locate SB, VOSB, SDVOSB, HUBZone SB, SDB, and WOSB sources.
3. Records on each subcontract solicitation resulting in an award of more than $150,000, indicating:
   1. Whether SB concerns were solicited and, if not, why not
   2. Whether VOSB concerns were solicited and, if not, why not
   3. Whether SDVOSB concerns were solicited and, if not, why not
   4. Whether HUBZone SB concerns were solicited and, if not, why not
   5. Whether SDB concerns were solicited and, if not, why not
   6. Whether WOSB concerns were solicited and, if not, why not
   7. If applicable, the reason award was not made to a SB, SDVOSB, VOSB, HUBZone SB, SDB, or WOSB concern
4. Records of outreach efforts to contact:
5. Trade associations
6. Business development organizations
7. Conferences and trade fairs to locate SB, HUBZone SB, SDB, SDVOSB, and WOSB sources
8. Records of internal guidance and encouragement provided to buyers through:
9. Workshops, seminars, training, etc.
10. Monitoring performance to evaluate compliance with the program’s requirements.
11. 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 (does not apply to commercial plans).

Describe other types of records that will be maintained as part of the subcontracting program/plan requirements and goals, if applicable:

**(12-15) Other Assurances**

\_\_\_\_\_ (12) I agree to make a good faith effort to acquire articles, equipment, supplies, services, or materials, or obtain the performance of construction work from the small business concerns that I used in preparing the bid or proposal, in the same or greater scope, amount, and quality used in preparing and submitting the bid or proposal. The small business concerns used in preparing the bid or proposal include —

1. Any small business concern identified as a subcontractor in the bid or proposal or associated small business subcontracting plan, to furnish certain supplies or perform a portion of the contract; or
2. Any small business concern whose pricing or cost information or technical expertise was used in preparing the bid or proposal, where there is written evidence of an intent or understanding that the small business concern will be awarded a subcontract for the related work if I am awarded the contract.

\_\_\_\_\_ (13) I agree to provide the contracting officer with a written explanation if I fail to acquire articles, equipment, supplies, services or materials or obtain the performance of construction work as described in the preceding statement of this section. I will submit this explanation to the contracting officer within 30 days of contract completion.

\_\_\_\_\_ (14) l agree to not prohibit a subcontractor from discussing with the contracting officer any material matter pertaining to payment to or utilization of a subcontractor.

\_\_\_\_\_ (15) I agree to pay my small business subcontractors on time and in accordance with the terms and conditions of the subcontract, and to notify the contracting officer if I pay a reduced or an untimely payment to a small business subcontractor

**This subcontracting plan was prepared by:**

Signature:

Printed name:

Title:

Phone number:

Date prepared: