INDIVIDUAL SMALL BUSINESS SUBCONTRACTING PLAN

OFFEROR:	Solicitation No: _____ NOTE: If a plant or division-wide Master Plan is being incorporated by reference, place 'X' in box and complete Part I (A thru I) and Part IV only. Date of Plan _____ (Copy of Master Plan and evidence of approval by the Government Contract Administration Office are required.)
(* = Continue on separate sheets if necessary.)	

PART I - SUBCONTRACTING GOALS:

A. Total dollars planned to be subcontracted: _____

B. Total dollars planned to be subcontracted to small business concerns: _____

C. Total dollars planned to be subcontracted to veteran-owned small business concerns: _____

D. Total dollars planned to be subcontracted to HUBZone small business concerns: _____

E. Total dollars planned to be subcontracted to small disadvantaged business concerns: _____

F. Total dollars planned to be subcontracted to women-owned small business concerns: _____

G. Percentage of total subcontracting dollars for the use of small businesses: _____ %

H. Percentage of total subcontracting dollars for the use of veteran-owned small businesses: _____ %

I. Percentage of total subcontracting dollars for the use of HUBZone small businesses: _____ %

J. Percentage of total subcontracting dollars for the use of small disadvantaged businesses: _____ %

K. Percentage of total subcontracting dollars for the use of women-owned small businesses: _____ %

L. Principal types of supplies and services to be subcontracted: _____
(Indicate types planned for subcontracting to (1) small business concerns (2) veteran-owned small business concerns (3) HUBZone small business concerns (4) small disadvantaged business concerns, and (5) women-owned small business concerns.)(*)

K. Describe method used to develop these goals (e.g., Based on procurement history, available resources, etc.)(*)

L. Were indirect costs included in establishing these goals? Yes ☐ No ☐
If Yes, describe the method used to determine proportionate share of indirect costs to be incurred with (1) small business concerns, (2) veteran-owned small business concerns, (3) HUBZone small business concerns, (4) small disadvantaged business concerns, and (5) women-owned small business concerns: (*)

PART II - SUBCONTRACTING PROCEDURES:

A. Name of the individual who will administer the offeror's subcontracting program: _____
Include a brief description of this individual's duties:

INDIVIDUAL SMALL BUSINESS SUBCONTRACTING PLAN (CONTINUED)

B. Describe methods used to identify potential sources for solicitation purposes:

(indicate with an "X" those that apply)

_____ Existing company source lists

_____ SBA Procurement Marketing & Access Network (PRO-Net)

_____ SBA list of certified Small Disadvantaged Business Concerns

_____ National Minority Purchasing Council Vendor Information Service

_____ Dept. of Commerce Research and Information Division of the Minority Business Development Agency

_____ Small, veteran-owned small, HUBZone small, small disadvantaged, and women-owned small business associations

_____ OTHER

C. Describe methods used to assure that small business,veteran-owned small business, HUBZone small business, small disadvantaged business, and women-owned small business concerns have an equitable opportunity to compete for subcontracts:(*)

PART III - SUBCONTRACTING PLAN MANAGEMENT:

Offeror certifies that the following procedures regarding management of this Subcontracting Plan will be enacted:
(Indicate acknowledgment of compliance by annotating "X" in appropriate blocks.)

☐ A. Contractor will assist small business, veteran-owned small business, HUBZone small business, small disadvantaged business, and women-owned small business concerns by arranging solicitations, time for the preparation of bids, quantities, specifications, and delivery schedules so as to facilitate participation by such concerns.

☐ B. Where lists of potential subcontractors are excessively long, Contractor will make a reasonable effort to give all small business, veteran-owned small business, HUBZone small business, small disadvantaged business, and women-owned small business concerns an opportunity to compete over a period of time.

☐ C. Contractor will provide adequate and timely consideration of the potentialities of small business, veteran-owned small business, HUBZone small business, small disadvantaged business, and women-owned small business concerns in all "make or buy" decisions.

☐ D. Contractor will counsel and discuss subcontracting opportunities with representatives of small business, veteran-owned small business, HUBZone small business, small disadvantaged business, and women-owned small business firms.

☐ E. Contractor will provide notice to subcontractors concerning penalties and remedies for misrepresentation of of business status as small business, veteran-owned small business, HUBZone small business, small disadvantaged business, or women-owned small business, for the purpose of obtaining a subcontract that is to be included as part or all of a goal contained in the Contractor's Subcontracting Plan.

☐ F. Contractor will ensure that the clause entitled "Utilization of Small Business Concerns" (Latest Revision), contained in referenced solicitation, will be included in all subcontracts that offer further subcontracting opportunities, and that all large business subcontractors receiving a subcontract in excess of $500,000 will adopt a plan similar to this Plan.

☐ G. Contractor will cooperate in any studies or surveys as may be required.

☐ H. Contractor will submit periodic reports in order to allow the Government to determine the extent of compliance by the offeror with this Subcontracting Plan.

☐ I. Contractor will submit Standard Form 294, Subcontracting Report for Individual Contracts and/or Standard Form 295, Summary Subcontract Report, in accordance with the instructions on the forms, or as provided in agency regulations.

☐ J. Contractor will ensure that subcontractors agree to submit Standard Form 294 and 295, as appropriate.

INDIVIDUAL SMALL BUSINESS SUBCONTRACTING PLAN (CONTINUED)

PART III - SUBCONTRACTING PLAN MANAGEMENT CONTINUED:

☐ K. Contractor will maintain the following types of records to demonstrate procedures that have been adopted to comply with the requirements and goals in this Plan. The records shall include at least the following on a plant-wide or company-wide basis, unless otherwise indicated:

☐ 1. Source lists (e.g., PRO-Net), guides, and other data that identify small, veteran-owned small, HUBZone small, small disadvantaged, and women-owned small business concerns;

☐ 2. Organizations contacted in an attempt to locate sources that are small, veteran-owned small, HUBZone small, small disadvantaged, and women-owned small business concerns;

☐ 3. Records of each subcontract solicitation resulting in an award of more than $100,000; indicate--
   a. Whether small business concerns were solicited, and if not, why not;
   b. Whether veteran-owned small business concerns were solicited, and if not, why not;
   c. Whether HUBZone small business concerns were solicited, and if not, why not;
   d. Whether small disadvantaged business concerns were solicited, and if not, why not;
   e. Whether women-owned small business concerns were solicited, and if not why not; and
   f. If applicable, the reason why award was not made to a small business concern;

☐ 4. Records of outreach efforts to contact (a) trade associations, (b) business development organizations, and (c) conferences and trade fairs to locate small, veteran-owned small, HUBZone small, small disadvantaged, and women-owned small business sources;

☐ 5. Records of internal guidance and encouragement provided to buyers through (a) workshops, seminars, training, etc., and (b) monitoring performance to evaluate compliance with the program's requirements; and

☐ 6. On a contract-by-contract basis, supporting information for award data submitted by the Contractor to the Government, including the name, address, and business size of each subcontractor.

PART IV _____ _____ _____

OFFEROR'S SIGNATURE | TYPED Name and Title | Date

PART V DETERMINATION OF ADEQUACY/APPROVAL:

☐ Approval 2 levels above CO if SDB Goal is less than 5% _____ _____

Title/Signature | Date

CONCURRENCE WITH DETERMINATION: (If nonconcurrence, see attached rationale.)

DESC-DU _____ Date _____