

CHECKLIST FOR REVIEW OF SUBCONTRACTING PLAN

1. POINTS OF CONTACT, ADDRESS WITH ROOM NUMBER & SYMBOL, PHONE & FAX NUMBERS Prepared by: _____ Phone: _____ FAX: _____ GSA, (Insert Service & Symbol)	2. ADMINISTRATIVE CONTRACTING OFFICE, ADDRESS, PHONE & FAX NUMBERS Name: _____ Address: _____ Telephone: _____ FAX: _____
The PCO is: _____ Phone: _____ FAX: _____	
3. SOLICITATION NUMBER	4. CONTRACT NUMBER
5. CONTRACTOR NAME, ADDRESS, DUNS NUMBER, AND CONTACT INFO Phone: _____ FAX: _____ DUNS No: _____ E-Mail: _____	6. SUBCONTRACTING PLAN ADMINISTRATOR NAME, ADDRESS, & CONTACT INFO Phone: _____ FAX: _____ E-Mail: _____
7. PLACE OF PERFORMANCE (If different from No. 5)	8. TYPE OF CONTRACT <input type="checkbox"/> SEALED BID or <input type="checkbox"/> NEGOTIATED <input type="checkbox"/> SCHEDULE or <input type="checkbox"/> NON-SCHEDULE
9. a. CONTRACT PERIOD OR OPTION PERIOD Thru	9. b. DATE OF AWARD AND DATE OF OPTION
11. DESCRIPTION OF PRODUCTS OR SERVICES	10. ESTIMATED CONTRACT VALUE (EACH PERIOD) OR EST. ANNUAL SALES FOR THIS CONTRACT \$ _____

12. TYPE OF SUBCONTRACTING PLAN BEING SUBMITTED <input type="checkbox"/> INDIVIDUAL CONTRACT PLAN	<input type="checkbox"/> INDIVIDUAL INCORPORATING MASTER PLAN	<input type="checkbox"/> COMPANY-WIDE PLAN FOR COMMERCIAL ITEMS <input type="checkbox"/> COVERS ANNUAL PERIOD THRU _____
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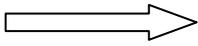
13. CHECKLIST									
PROPOSED <u>TARGET</u> GOALS ESTABLISHED	PERCENT	DOLLAR AMOUNT	PCO/ACO ACCEPTABLE		SBTA ACCEPTABLE		SBA/PCR ACCEPTABLE		
			YES	NO	YES	NO	YES	NO	
(1) TOTAL SUBCONTRACTING PLANNED (To large & all small business concerns)	100								
(2)(a) TO ALL SMALL BUSINESSES (Includes ANCs or Indian Tribes, veteran-owned small, service-disabled veteran-owned small, HUBZone small, small disadvantaged, and women-owned small concerns)									
(2)(b) TO VETERAN-OWNED SMALL BUSINESS (VOSB) Percent of Total									
(2)(c) TO SERVICE-DISABLED VETERAN-OWNED SMALL (SDVOSB) Percent of Total and subset of VOSB									
(2)(d) TO HUBZONE SMALL BUSINESS (HUBZone) Percent of Total									
(2)(e) TO SMALL DISADVANTAGED BUSINESS (SDB Includes ANCs or Indian Tribes) Percent of Total									
(2)(f) TO WOMEN-OWNED SMALL BUSINESS (WOSB) Percent of Total									
(3) DESCRIPTION OF PRINCIPAL TYPES OF SUPPLIES AND SERVICES TO BE SUBCONTRACTED, AND IDENTIFICATION OF TYPES PLANNED FOR SUBCONTRACTING TO EACH BUSINESS CATEGORY (i.e. SMALL, VOSB, SDVOSB, HUBZ, SDB, and WOSB CONCERNS);									
(4) DESCRIPTION OF METHOD USED TO DEVELOP GOALS;									
(5) DESCRIPTION OF METHOD USED TO IDENTIFY POTENTIAL SOURCES FOR SOLICITATION PURPOSES;									
(6) STATEMENT AS TO WHETHER OR NOT THE OFFEROR INCLUDED INDIRECT COSTS IN ESTABLISHING SUBK GOALS AND DESCRIPTION OF METHOD USED TO DETERMINE THE PROPORTIONATE SHARE OF INDIRECT COSTS TO BE INCURRED WITH EACH BUSINESS CONCERN;									
(7) NAME OF INDIVIDUAL WHO WILL ADMINISTER THE OFFEROR'S SUBCONTRACTING PROGRAM AND A DESCRIPTION OF THEIR DUTIES; (Include phone & fax numbers and email address of contact for further questions.)									
(8) DESCRIPTION OF EFFORTS THE OFFEROR WILL MAKE TO ASSURE EQUITABLE OPPORTUNITY TO COMPETE FOR SUBCONTRACTS;									
(9) FLOW DOWN ASSURANCE THAT THE OFFEROR WILL INCLUDE FAR CLAUSE 52.219-8 IN ALL SUBCONTRACTS THAT OFFER FURTHER SUBCONTRACTING OPPORTUNITIES; AND ASSURANCE THAT THE OFFEROR WILL REQUIRE ALL SUBCONTRACTORS (except SB concerns) THAT RECEIVE SUBCONTRACTS IN EXCESS OF \$650,000 (\$1.5 M for construction) TO ADOPT A PLAN THAT COMPLIES WITH THE REQUIREMENTS OF THE CLAUSE 52.219-9.									
(10) ASSURANCE THAT THE OFFEROR WILL: COOPERATE IN STUDIES OR SURVEYS; SUBMIT PERIODIC REPORTS; SUBMIT INDIVIDUAL (ISR) & SUMMARY REPORTS (SSR) USING THE eSRS; ENSURE THAT SUBCONTRACTORS WITH PLANS AGREE TO SUBMIT THE ISR/SSR USING THE eSRS; PROVIDE ITS PRIME CONTRACT NUMBER AND DUNS NUMBER AND EMAIL ADDRESS OF OFFICIALS RESPONSIBLE, ETC.									
(11) DESCRIPTION OF THE TYPES OF RECORDS THAT WILL BE MAINTAINED CONCERNING PROCEDURES ADOPTED TO COMPLY, AND A DESCRIPTION OF THE OFFEROR'S EFFORTS TO LOCATE VARIOUS SMALL BUSINESS CONCERNS AND AWARD SUBCONTRACTS TO THEM.									

REMARKS (Use reverse, if necessary).

PCO/ACO COMMENTS (i.e. original contract award, first plan or first govt. contract, annual commercial update or riding previously approved plan (copy attached), option renewal, change in business size from small to large, etc.)

SBTA

REVIEWED BY



PCO / ACO

SBTA

SBA/PCR

(Signatures and Dates)

DATE:

DATE:

DATE: