

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF GENERAL SERVICES**



ATTACHMENT H

SBE SUBCONTRACTING PLAN

[ATTACHMENT WILL APPEAR ON THE FOLLOWING PAGE]



SBE SUBCONTRACTING PLAN

INSTRUCTIONS: All construction & non-construction contracts for **government-assisted projects (agency contracts & private projects with District subsidy)** over \$250,000, shall require at least 35% of the amount of the contract (total amount of agency contract or total private project development costs) be subcontracted to Small Business Enterprises (SBE), and if insufficient qualified SBEs to Certified Business Enterprises (CBE). The SBE Subcontracting Plan must list all SBE and CBE subcontracts at every tier. Once the SBE Subcontracting Plan is submitted for agency contracts, options, and extension, it can only be amended by the Director of the Department of Small & Local Business Development

SUBMISSION OF CBE PLAN:

- ◇ For **agency** solicitations – submit to agency with bid/proposal.
- ◇ For **agency** options & extensions – submit to agency before option or extension exercised.
- ◇ For **public private projects** – submit to DSLBD, agency project manager and with each quarterly report. As private projects may not have awarded all contracts at the time the District subsidy is granted, the SBE Subcontracting Plan may be submitted simultaneously with each quarterly report and list all SBE/CBE subcontracts executed by the time of submission.

CREDIT: For each subcontract listed on the SBE Subcontracting Plan, credit will only be given for the portion of the subcontract performed, at every tier, by a SBE/CBE using *its own organization and resources*. **COPIES OF EACH FULLY EXECUTED SUBCONTRACT WITH SBEs AND CBEs (AT EVERY TIER) MUST BE PROVIDED TO RECEIVE CREDIT.**

SUBCONTRACTING CREDIT PURSUANT D.C. LAW 24-39:

Pursuant to the Coronavirus Support Temporary Amendment Act of 2021 and the Public Emergency Extension and Eviction and Utility Moratorium Phasing Emergency Amendment Act of 2021, contracts awarded during the Public Health Emergency shall receive credit as follows:

- (1) For every dollar expended by a beneficiary with a resident-owned business, the beneficiary shall receive a credit for \$1.10 against the CBE minimum expenditure.
- (2) For every dollar expended by a beneficiary with a disadvantaged business enterprise, the beneficiary shall receive a credit for \$1.25 against the CBE minimum expenditure.
- (3) For every dollar expended by a beneficiary that uses a company designated as both a disadvantaged business enterprise and as a resident-owned business, the beneficiary shall receive a maximum credit for \$1.30 against the CBE minimum expenditure.

EXEMPTION: If the **Beneficiary (Prime Contractor or Developer)** is a CBE and will perform the ENTIRE **government-assisted project** with *its own organization and resources* and will NOT subcontract any portion of the services and goods, then the CBE is not required to subcontract to SBEs.

BENEFICIARY (✓ which applies <input type="checkbox"/> Prime Contractor or <input type="checkbox"/> Developer) INFORMATION:		
Company: <input style="width: 80%;" type="text"/>	Contact #: <input style="width: 80%;" type="text"/>	Email address: <input style="width: 80%;" type="text"/>
Street Address: <input style="width: 90%;" type="text"/>	City/ State/ Zip Code: <input style="width: 90%;" type="text"/>	
✓all that applies, Company is: <input type="checkbox"/> a SBE <input type="checkbox"/> a CBE CBE Certification Number: <input style="width: 150px;" type="text"/> <input type="checkbox"/> WILL perform the ENTIRE agency contract or private project with its own organization and resources <input type="checkbox"/> WILL subcontract a portion of the agency contract or private project		
Company's point of contact for agency contract or private project:		
Point of Contact: <input style="width: 150px;" type="text"/>	Title: <input style="width: 150px;" type="text"/>	
Contact #: <input style="width: 100px;" type="text"/>	Email address: <input style="width: 150px;" type="text"/>	
Street Address: <input style="width: 250px;" type="text"/>		



GOVERNMENT-ASSISTED PROJECT (<input checked="" type="checkbox"/> which applies <input type="checkbox"/> Agency Contractor or <input type="checkbox"/> Private Project) INFORMATION:	
<p style="text-align: center; color: red; font-weight: bold;">AGENCY SOLICITATION</p> <p>Solicitation Number: _____ Solicitation Due Date: _____ Agency: _____ Total Dollar Amount of Contract: \$ _____</p> <p><i>*Design-Build must include total contract amount for both design and build phase of project.</i></p> <p>35% of Total Dollar Amount of Contract: \$ _____ 50% of Total Dollar Amount of Contract: \$ _____ (pursuant to D.C. Law 24-39)</p> <p>Total Amount of all CBE subcontracts: \$ _____ (include every lower tier)</p> <p><input checked="" type="checkbox"/> if applicable: <input type="checkbox"/> IDIQ, BPA, HCA or NTE Contract (i.e., the subcontracting requirement will be adjusted accordingly to the realized contract value.)</p>	<p style="text-align: center; color: red; font-weight: bold;">PRIVATE PROJECT</p> <p>District Subsidy: _____ Agency Providing Subsidy: _____ Amount of District Subsidy: _____ Date District Subsidy Provided: _____</p> <p>Project Name: _____ Project Address: _____</p> <p>Total Development Project Budget: _____ (include pre-construction and construction costs)</p> <p>35% of the Total Development Project Budget: \$ _____</p> <p>50% of Total Dollar Amount of Contract: \$ _____ (pursuant to D.C. Law 24-39)</p> <p>Total Amount of All SBE/CBE subcontracts: \$ _____</p>

SBE/CBE SUBCONTRACTORS (FOR EACH TIER):

<p>SBE/CBE CONTRACTOR/ SUBCONTRACTOR INFORMATION: (For design-build projects, the SBE Subcontracting Plan is not required to be submitted for preconstruction services; however, a full SBE Subcontracting Plan (i.e., 35% of the contract amount including total design and build costs) is required to be submitted before entering into a guaranteed maximum price or contract authorizing construction.)</p> <p>OPERATORS and MANAGEMENT SERVICE PROVIDERS: The OLG shall only issue an operator license or management services provider license if the applicant in conjunction with its application for license, submits to DSLBD for approval, a CBE Plan that demonstrates that at least 35% of the applicant's operating budget will be contracted with one or more CBEs.)</p>			
CBE Company Name	Address	Contractor/ Subcontractor Tier (1 st , 2 nd , 3 rd ...)	Description of contract/subcontract scope of work to be performed that shall be for a commercially useful function related to sports wagering.
_____	_____	_____	_____
Period of Contract/Subcontract: _____ Price to be paid to the SBE/CBE Contractor/Subcontractor: \$ _____ <input checked="" type="checkbox"/> all that applies: <input type="checkbox"/> a SBE <input type="checkbox"/> a CBE Current CBE Certification Number: _____ <input type="checkbox"/> a SBE/CBE will perform the ENTIRE contract/ subcontract with its own organization and resources <input type="checkbox"/> a SBE/CBE will subcontract a portion of the contract/ subcontract (MUST LIST EACH LOWER TIER SBE/CBE SUBCONTRACTS)		SBE/CBE Point of Contact Name: _____ Title: _____ Telephone Number: _____ Email Address: _____	



SBE/CBE CONTRACTOR/ SUBCONTRACTOR INFORMATION: (For design-build projects, the SBE Subcontracting Plan is not required to be submitted for preconstruction services; however, a full SBE Subcontracting Plan (35% of the contract amount **including total design and build costs**) is required to be submitted before entering into a guaran
 The OLG shall only issue an operator license or management services provider license if the applicant in cunction with its application for license, submits to DSLBD for approval, a CBE Plan that demonstrates that at least 35% of the applicant's operating budget will be contracted with one or more CBEs.)

CBE Company Name	Address	Contractor/ Subcontractor Tier (1 st , 2 nd , 3 rd ...)	Description of contract/subcontract scope of work to be performed that shall be for a commercially useful function related to sports wagering.
_____	_____	_____	_____
Period of Contract/Subcontract: _____ Price to be paid to the SBE/CBE Contractor/Subcontractor: \$ _____ ✓ all that applies: <input type="checkbox"/> a SBE <input type="checkbox"/> a CBE Current CBE Certification Number: _____ <input type="checkbox"/> a SBE/CBE will perform the ENTIRE contract/ subcontract with its own organization and resources <input type="checkbox"/> a SBE/CBE will subcontract a portion of the contract/ subcontract (MUST LIST EACH LOWER TIER SBE/CBE SUBCONTRACTS)a SBE/ CBE will subcontract a portion of the contract/ subcontract (MUST LIST EACH LOWER TIER SBE/CBE SUBCONTRACTS)			SBE/CBE Point of Contact Name: _____ Title: _____ Telephone Number: _____ Email Address: _____

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CBE Company Name	Address	Contractor/ Subcontractor Tier (1 st , 2 nd , 3 rd ...)	Description of contract/subcontract scope of work to be performed that shall be for a commercially useful function related to sports wagering.
_____	_____	_____	_____
Period of Contract/Subcontract: _____ Price to be paid to the SBE/CBE Contractor/Subcontractor: \$ _____ ✓ all that applies: <input type="checkbox"/> a SBE <input type="checkbox"/> a CBE Current CBE Certification Number: _____ <input type="checkbox"/> a SBE/CBE will perform the ENTIRE contract/ subcontract with its own organization and resources <input type="checkbox"/> a SBE/CBE will subcontract a portion of the contract/ subcontract (MUST LIST EACH LOWER TIER SBE/CBE SUBCONTRACTS)a SBE/ CBE will subcontract a portion of the contract/ subcontract (MUST LIST EACH LOWER TIER SBE/CBE SUBCONTRACTS)			SBE/CBE Point of Contact Name: _____ Title: _____ Telephone Number: _____ Email Address: _____

I [Name], [Title] of [Applicant/ Licensee Company Name] swear or affirm the above is true and accurate.

(Signature)

(Date)

Complete additional copies as needed.



AGENCY CONTRACTING OFFICER'S USE ONLY **OR** AGENCY PROJECT MANAGER'S USE ONLY
 (✓ which applies. Only one option should be selected.)

AGENCY CONTRACT AWARD	PRIVATE PROJECT SUBSIDY AWARD
Agency: _____ Prime Contractor: _____ Contract Number: _____ Date SBE Subcontracting Plan Accepted: _____ Date agency contract signed: _____ Anticipated Start Date of Contract: _____ Anticipated End Date of Contract: _____ Total Dollar Amount of Contract: \$ _____ <i>*Design-Build must include total contract amount for both design and build phase of the project.</i> 35% of the Total Contract Amount: \$ _____ 50% of Total Dollar Amount of Contract: \$ _____ (pursuant to D.C. Law 24-39) Total Amount of All SBE/CBE Subcontracts: \$ _____ (include every tier) (✓ if applies) <input type="checkbox"/> Base Period Contract – Option/Extension Period: _____ <input type="checkbox"/> Multi-year Contract First Year (Period) of Contract: _____ Current Year (Period) of Contract: _____ <input type="checkbox"/> Design-Build – Date of Guaranteed Contract: _____ <input type="checkbox"/> Check if prime contractor is a CBE and will perform the ENTIRE government-assisted project (agency contract) with its own organization and resources and NOT subcontract any portion of the services or goods.	Agency Providing Subsidy: _____ District Subsidy: _____ Developer: _____ Amount of District Subsidy: _____ Date District Subsidy Provided/ contract signed: _____ Anticipated Start Date of Project: _____ Anticipated End Date of Project: _____ Project Name: _____ Project Address: _____ Total Development Project Budget: \$ _____ (include pre-construction and construction costs) 35% of the Total Development Project Budget: \$ _____ 50% of Total Dollar Amount of Contract: \$ _____ (pursuant to D.C. Law 24-39) Total Amount of All SBE/CBE Subcontracts: \$ _____ (include every lower tier) <input type="checkbox"/> Check if developer is a CBE and will perform the ENTIRE government-assisted project (private project) with its own organization and resources and NOT subcontract any portion of services or goods.

AGENCY CONTRACTING OFFICER'S AFFIRMATION **OR** AGENCY PROJECT MANAGER'S AFFIRMATION
 (✓ which applies)

The below Agency Contracting Officer or Agency Project Manager affirms the following (✓ to affirm):

- If the Beneficiary is a CBE, DSLBD was contacted to confirm Beneficiary's CBE certification;
- The fully executed Contract (Base or Option or Extension or Multi-Year) or subsidy document, between the Beneficiary and Agency, was emailed to DSLBD at Compliance.Enforcement@dc.gov within five (5) days of signing;
- FOR AGENCY CONTRACT** the SBE Subcontracting Plan, submitted by Beneficiary, was emailed to DSLBD at Compliance.Enforcement@dc.gov within five (5) days of signing the contract between the Beneficiary and Agency.

 Name of Agency Contracting Officer or Agency Project Manager

 Title of Agency Contracting Officer or Agency Project Manager

 Signature

 Date