

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



**ATTACHMENT J.5**

**[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: _____	Contact #: _____	Email address: _____
Street Address: _____	City/ State/ Zip Code: _____	
✓all that applies, Company is: <input type="checkbox"/> a SBE <input type="checkbox"/> a CBE    CBE Certification Number: _____ <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: _____	Title: _____	
Contact #: _____	Email address: _____	
Street Address: _____		



<b>GOVERNMENT-ASSISTED PROJECT</b> ( <input checked="" type="checkbox"/> which applies <input type="checkbox"/> Agency Contractor or <input type="checkbox"/> Private Project) <b>INFORMATION:</b>	
<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"/> <b>IDIQ, BPA, HCA or NTE Contract (i.e., the subcontracting requirement will be adjusted accordingly to the realized contract value.)</b></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><b>SBE/CBE CONTRACTOR/ SUBCONTRACTOR INFORMATION:</b> (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 <b>including total design and build costs</b>) is required to be submitted before entering into a guaranteed maximum price or contract authorizing construction.)</p> <p><b>OPERATORS and MANAGEMENT SERVICE PROVIDERS:</b> 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 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> ...)	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 <b>Current CBE Certification Number:</b> _____ <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 <b>(MUST LIST EACH LOWER TIER SBE/CBE SUBCONTRACTS)</b>		<b>SBE/CBE Point of Contact</b> 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  
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CBE Company Name	Address	Contractor/ Subcontractor Tier (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> ...)	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)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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_____	_____	_____	_____
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)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](mailto: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](mailto: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