

SBE SUBCONTRACTING PLAN

INSTRUCTIONS: Any contract for a **government-assisted project (agency contract & private project with District subsidy)** in excess of \$250,000 that is unrelated to the District's response to the COVID-19 emergency but entered into during the COVID-19 emergency, absent a waiver, shall provide that at least 50% of the dollar volume of the contract be subcontract to Small Business Enterprises (SBE); or if insufficient qualified SBEs to Certified Business Enterprises (CBE) provided, that best efforts shall be made to ensure that qualified SBEs are significant participants in the overall subcontracting work. The SBE Subcontracting Plan must list all SBE and CBE subcontractors at every tier. Once the SBE Subcontracting Plan is submitted for agency contracts, options & extensions, it can only be amended with DSLBD's consent.

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 **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.**

- (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 50% 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: _____	
<p>✓ all that applies, Company is:</p> <p><input type="checkbox"/> a SBE <input type="checkbox"/> a CBE CBE Certification Number: _____</p> <p><input type="checkbox"/> WILL perform the ENTIRE agency contract or private project with its own organization and resources</p> <p><input type="checkbox"/> WILL subcontract a portion of the agency contract or private project</p>		
Company's point of contact for agency contract or private project:		
Point of Contact: _____	Title: _____	
Contact #: _____	Email address: _____	
Street Address: _____		

GOVERNMENT-ASSISTED PROJECT (which applies Agency Contractor or Private Project) **INFORMATION:**

AGENCY SOLICITATION

Solicitation Number: _____
 Solicitation Due Date: _____
 Agency: _____
 Total Dollar Amount of Contract: \$ _____

**Design-Build must include total contract amount for both design and build phase of project.*

50% of Total Dollar Amount of Contract: \$ _____

Total Amount of all CBE subcontracts: \$ _____
 (include every lower tier)

PRIVATE PROJECT

District Subsidy: _____
 Agency Providing Subsidy: _____
 Amount of District Subsidy: _____
 Date District Subsidy Provided: _____

Project Name: _____
 Project Address: _____

Total Development Project Budget: _____
 (include pre-construction and construction costs)

50% of the Total Development Project Budget: \$ _____

Total Amount of All SBE/CBE subcontracts: \$ _____

SBE/CBE SUBCONTRACTORS (FOR EACH TIER):

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 (50% 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 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.)

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:

a SBE a CBE Current CBE Certification Number: _____

a SBE/CBE will perform the ENTIRE contract/ subcontract with its own organization and resources

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: _____

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 (50% 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 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)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: _____
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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: \$ _____ Total Amount of All SBE/CBE Subcontracts: \$ _____ <i>(include every tier)</i> (✓ 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 <i>its own organization and resources and NOT subcontract any portion of the services or goods.</i>	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: \$ _____ <i>(include pre-construction and construction costs)</i> 35% of the Total Development Project Budget: \$ _____ Total Amount of All SBE/CBE Subcontracts: \$ _____ <i>(include every lower tier)</i> <input type="checkbox"/> Check if developer is a CBE and will perform the ENTIRE government-assisted project (private project) with <i>its own organization and resources and NOT subcontract any portion of services or goods.</i>
<p><input type="checkbox"/> AGENCY CONTRACTING OFFICER'S AFFIRMATION OR <input type="checkbox"/> AGENCY PROJECT MANAGER'S AFFIRMATION (✓ which applies)</p> <p>The below Agency Contracting Officer or Agency Project Manager affirms the following (✓ to affirm):</p> <p><input type="checkbox"/> If the Beneficiary is a CBE, DSLBD was contacted to confirm Beneficiary's CBE certification;</p> <p><input type="checkbox"/> 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;</p> <p><input type="checkbox"/> 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.</p> <p>_____ Name of Agency Contracting Officer or Agency Project Manager</p> <p>_____ Title of Agency Contracting Officer or Agency Project Manager</p> <p>_____ Signature</p> <p>_____ Date</p>	