Attachment E

DSLBD
DEPT. OF SMALL & LOCAL BUSINESS DEVELOPMENT

SBE SUBCONTRACTING PLAN

INSTRUCTIONS: All construction & non-construction contracts for **government-assisted projects** (**agency contracts** & **private project 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), 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 & extensions, it can only be amended with DSLBD's consent.

SUBMISSION OF SBE SUBCONTRACTING 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 District of Columbia Auditor, 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.**

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 35% to SBEs.

BENEFICIARY (✓ which applies ☐ Prime Contractor or ☐ Developer) INFORMATION:

Company:_____ Contact # _____ Email address: _____

Street Address: _____

✓all that applies, Company is:

☐ a SBE ☐ a CBE ☐ **CBE Certification Number:** _____

☐ **WILL perform the ENTIRE agency contract or private project with its own organization and resources**

☐ **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: _____

GOVERNMENT-ASSISTED PROJECT (✓ which applies ☐ Agency Contract or ☐ Private Project) INFORMATION:

AGENCY SOLICITATION	PRIVATE PROJECT
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.* 35% of Total Dollar Amount of Contract: $_____ Total Amount of All SBE/CBE subcontracts: $_____ *(include every lower tier)*	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)* 35% of Total Development Project Budget: $ _____ Total Amount of All SBE/CBE subcontracts: $ _____ *(include every lower tier)*

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SBE/ CBE SUBCONTRACTORS (FOR EACH TIER):

SBE/ CBE 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 guaranteed maximum price or contract authorizing construction.)*

SBE/ CBE Company	Address/Telephone No./ Email	Subcontractor Tier (1st, 2nd, 3rd, etc.)	Description of Subcontract scope of work to be PERFORMED WITH SBE/CBEs OWN ORGANIZATION & RESOURCES
_____	_____	Select Tier	_____

Period of subcontract: _____

Price to be paid to the SBE/CBE Subcontractor: $_____

✓*all that applies*, Subcontractor is:

- ☐ **a SBE** ☐ **a CBE** ☐ **CBE Certification #:_____**
- ☐ **SBE/CBE will perform the ENTIRE subcontract with its own organization and resources**
- ☐ **SBE/CBE will subcontract a portion of the subcontract (MUST LIST EACH LOWER TIER SBE/ CBE SUBCONTRACTS)**

SBE/ CBE Point of Contact

Name: _____

Title: _____

Telephone Number:_____

Email Address:_____

SBE/ CBE 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 be to submitted before entering into a guaranteed maximum price or contract authorizing construction.)*

SBE/ CBE Company	Address/Telephone No./ Email	Subcontractor Tier (1st, 2nd, 3rd, etc.)	Description of Subcontract scope of work to be PERFORMED WITH SBE/CBEs OWN ORGANIZATION & RESOURCES
_____	_____	Select Tier	_____

Period of subcontract: _____

Price to be paid to the SBE/CBE Subcontractor: $_____

✓*all that applies*, Subcontractor is:

- ☐ **a SBE** ☐ **a CBE** ☐ **CBE Certification #_____**
- ☐ **SBE/CBE will perform the ENTIRE subcontract with its own organization and resources**
- ☐ **SBE/CBE will subcontract a portion of the subcontract (MUST LIST EACH LOWER TIER SBE/ CBE SUBCONTRACTS)**

SBE/ CBE Point of Contact

Name: _____

Title: _____

Telephone Number:_____

Email Address:_____

I _____, _____ of _____, swear or affirm the above is true and accurate
(Name) (Title) (Prime Contractor/ Developer)

_____ _____
(Signature) **(Date)**

Complete additional copies as needed.

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☐ **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: $ _____ **Design-Build must include total contract amount for both design and build phase of project.* 35% of Total Contract Amount: $_____ Total Amount of All SBE/CBE subcontracts: $ _____ *(include every tier)* (✓ if applies) ☐ Base Period Contract -- Option/Extension Period: _____ ☐ Multi-year Contract First year (period) of Contract: _____ Current year (period) of Contract: _____ ☐ Design-Build --Date of Guaranteed Contract: _____ ☐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 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 Total Development Project Budget: $ Total Amount of All SBE/CBE subcontracts: $ *(include every lower tier)* ☐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 @ Compliance.Enforcement@dc.gov within five (5) days of signing;

☐ **FOR AGENCY CONTRACT** the SBE Subcontracting Plan, submitted by Beneficiary, was emailed to DSLBD @ 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