Attachment G

Subcontracting Plan

SUBCONTRACTING PLAN

PRIME CONTRACTOR INFORMATION:

Company: _____

Street Address: _____

City & Zip Code: : _____

Phone Number: _____ Fax: _____

Email Address: _____

Solicitation Number: _____

Contractor's Tax ID Number: _____

Caption of Plan: _____

Project Name: _____

Address: _____

Project Descriptions: _____

Duration of the Plan: From _____ to _____

Total Prime Contract Value: $_____.____

Amount of Contract (excluding the cost of materials, goods, supplies and equipment) $_____.____

Amount of all Subcontracts:$_____

LSDBE Total:$_____.____ equals _____%

LSDBE **Subcontract Value** **Percentage Set Aside**

(List each subcontractor at any tier that will be awarded a subcontract to meet your total set aside goal.)

SUBCONTRACTOR INFORMATION: (use continuation sheet for additional subcontracts)

Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work

Total Amount Set Aside: $_____

Percentage of Total Set Aside Amount :_____% Tier: :_____ (1st, 2nd, 3rd)

LSDBE Certification Number: _____

Certification Status: (check all that apply)

SBE:	LBE:	DBE:	DZE:	ROB:	LRB:

Point of Contact: _____ Name (Print)

Contact Telephone Number: _____

Fax Number: _____

Email Address: _____

CERTIFICATIONS

The prime contractor shall attach a **notarized** statement including the following:

a. A **description of the efforts** the prime contractor will make to ensure that LBEs, DBEs, ROBs, SBEs, LRBs, or DZEs will have an equitable opportunity to compete for subcontracts;

b. In all subcontracts that offer **further subcontracting opportunities**, assurances that the prime contractor will include a statement, approved by the contracting officer, that the subcontractor will adopt a subcontracting plan similar to the subcontracting plan required by the contract;

c. **Assurances** that the prime contractor will cooperate in any studies or surveys that may be required by the contracting officer, and submit periodic reports, as requested by the contracting officer, to allow the District to determine the extent **of compliance** by the prime contractor with the subcontracting plan;

d. Listing of the type of **records** the prime contractor will maintain to demonstrate procedures adopted to comply with the requirements set forth in the subcontracting plan, and include assurances that the prime contractor will make such records available for review upon the District's request; and

e. A description of the prime contractor's recent **efforts to locate LBEs, DBEs, SBEs, DZEs, LRBs, and ROBs, and to award subcontracts to them.**

PERSON PREPARING THE SUBCONTRACTING PLAN:

Name: _____ (Print)

Telephone Number: ( ) _____ - _____

Fax Number: ( ) _____ - _____

Email Address: _____

Signature: _____

Title: _____

Date: _____

FOR CONTRACTING OFFICER USE ONLY

Date Plan Received by Contracting Officer: _____

Report: ☐ Acceptable ☐ Not Acceptable

Contract Number: _____

Name & Title of Contracting Officer

Signature

Date

(SUBCONTRACTORS LIST CONTINUED)

(List each subcontractor that will be awarded a subcontract to meet your total set aside goal.)

SUBCONTRACTOR INFORMATION: (use continuation sheet for additional subcontracts)

Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work

Total Amount Set Aside: $_____

Percentage of Total Set Aside Amount :_____% Tier: :_____ (1st, 2nd, 3rd)

LSDBE Certification Number:_____

Certification Status: (check all that apply)

SBE:	LBE:	DBE:	DZE:	ROB:	LRB:

Point of Contact:_____ Name (Print)

Contact Telephone Number:_____

Fax Number:_____

Email Address:_____

SUBCONTRACTOR INFORMATION:

Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work

Total Amount Set Aside: $_____

Percentage of Total Set Aside Amount :_____% Tier: :_____ (1st, 2nd, 3rd)

LSDBE Certification Number:_____

Certification Status: (check all that apply)

SBE:	LBE:	DBE:	DZE:	ROB:	LRB:

Point of Contact:_____ Name (Print)

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Fax Number:_____

Email Address:_____

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Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work

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Percentage of Total Set Aside Amount :_____% Tier: :_____ (1st, 2nd, 3rd)

LSDBE Certification Number:_____

Certification Status: (check all that apply)

SBE:	LBE:	DBE:	DZE:	ROB:	LRB:

Point of Contact:_____ Name (Print)

Contact Telephone Number:_____

Fax Number:_____

Email Address:_____

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Point of Contact:_____ Name (Print)

Contact Telephone Number:_____

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