



## 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: Michael & Carroll, P.C.      Contact # 732-714-8500      Email address: guysmichael@aol.com

Street Address: 501 Broadway, Suite 102, Point Pleasant Beach, NJ 08742

✓ 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: Guy S. Michael

Title: Partner

Contact # 732-714-8500

Email address: guysmichael@aol.com

Street Address: 501 Broadway, Suite 102, Point Pleasant Beach, NJ 08742

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

**AGENCY SOLICITATION**

Solicitation Number CFOPD-020-I-019  
 Solicitation Due Date: 12.16.19  
 Agency : Office of Lottery & Gaming  
 Total Dollar Amount of Contract: \$ 1,158,550

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

35% of Total Dollar Amount of Contract: \$405,492.50

Total Amount of All SBE/CBE subcontracts: \$405,492.50  
*(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)*

35% of Total Development Project Budget: \$ \_\_\_\_\_

Total Amount of All SBE/CBE subcontracts: \$ \_\_\_\_\_  
*(include every lower tier)*



**SBE/ CBE SUBCONTRACTORS (FOR EACH TIER):**

<b>SBE/ CBE SUBCONTRACTOR INFORMATION:</b> <i>(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 <b>including total design and build costs</b>) is required to be submitted before entering into a guaranteed maximum price or contract authorizing construction.)</i>			
SBE/ CBE Company	Address/Telephone No./ Email	Subcontractor Tier (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , etc.)	Description of Subcontract scope of work to be PERFORMED WITH SBE/CBEs OWN ORGANIZATION & RESOURCES
Professional Management Consulting Services, LLC	700 12th Street, NW Suite 700 Washington, DC 2005 202-904-2323 dfranklin@pmcsllc.com	<u>1st</u>	<p>The subcontractor will perform essential administrative, management and IT services during the contract base year and any subsequent option years. These services shall include, but not be limited to:</p> <ul style="list-style-type: none"> <li>- Project management;</li> <li>- Administrative control;</li> <li>- Creation of a site capable of including all investigative materials organized in a way such that:               <ul style="list-style-type: none"> <li>(i) The confidential maintenance of information required to be so maintained;</li> <li>(ii) The investigative and legal information is organized in a way such the submissions are readily retrievable and segregated both by subject matter and by submitter; and</li> <li>(iii) The ability to transmit the information appropriately both to other members of the investigative team and to the government.</li> </ul> </li> </ul>
Period of subcontract: base year  Price to be paid to the SBE/CBE Subcontractor: \$405,492.50  ✓all that applies, Subcontractor is: <input type="checkbox"/> a SBE <input checked="" type="checkbox"/> a CBE <input checked="" type="checkbox"/> CBE Certification #:LSDR76577052021 <input checked="" type="checkbox"/> SBE/CBE will perform the ENTIRE subcontract with its own organization and resources <input type="checkbox"/> SBE/CBE will subcontract a portion of the subcontract (MUST LIST EACH LOWER TIER SBE/ CBE SUBCONTRACTS)		SBE/ CBE Point of Contact  Name: Dwight Franklin  Title: President and CEO  Telephone Number:202-904-2323  Email Address:dfranklin@pmcsllc.com	

<b>SBE/ CBE SUBCONTRACTOR INFORMATION:</b> <i>(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 <b>including total design and build costs</b>) is required to be submitted before entering into a guaranteed maximum price or contract authorizing construction.)</i>			
SBE/ CBE Company	Address/Telephone No./ Email	Subcontractor Tier (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , etc.)	Description of Subcontract scope of work to be PERFORMED WITH SBE/CBEs OWN ORGANIZATION & RESOURCES
_____	_____	<u>Select Tier</u>	_____



Period of subcontract: _____  Price to be paid to the SBE/CBE Subcontractor: \$ _____  <i>✓</i> all that applies, Subcontractor is: <input type="checkbox"/> a SBE <input type="checkbox"/> a CBE <input type="checkbox"/> CBE Certification # _____ <input type="checkbox"/> SBE/CBE will perform the ENTIRE subcontract with its own organization and resources <input type="checkbox"/> 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: _____
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I Guy S. Michael, Partner of Michael & Carroll, P.C.,  
 (Name) (Title) (Prime Contractor/ Developer)

swear or affirm the above is true and accurate

12/10/19  
 (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 project.</i>  35% of 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 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: \$ _____ <i>(include pre-construction and construction costs)</i>  35% of 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 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](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 @ [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