

# SUBCONTRACTING PLAN

Page 1 of 2

PRIME CONTRACTOR INFORMATION:	
Company: _____ Street Address: _____ City & Zip Code : _____ Phone Number: _____ Fax: _____ Email Address: _____	Solicitation Number: _____ Contractor's Tax ID Number: _____ Caption of Plan: _____ _____ Duration of the Plan: From _____ to _____ Total Prime Contract Value: \$ _____ LSDBE Total: \$ _____ equals _____% <div style="display: flex; justify-content: space-between; width: 100%;"> <span>LSDBE Subcontract Value</span> <span>Percentage Set Aside</span> </div>
Project Name: _____ Address: _____ _____ Project Descriptions: _____ _____ _____	

(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 : _____ <div style="text-align: center; font-size: small;">1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup></div> LSDBE Certification Number: _____ <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">                         Certification Status:                          (check all that apply)                     </div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px 10px;">SBE:</td> <td style="padding: 2px 10px;">LBE:</td> <td style="padding: 2px 10px;">DBE:</td> <td style="padding: 2px 10px;">DZE:</td> <td style="padding: 2px 10px;">ROB:</td> <td style="padding: 2px 10px;">LRB:</td> </tr> </table> </div>			SBE:	LBE:	DBE:	DZE:	ROB:	LRB:	Point of Contact: _____ <div style="text-align: right; font-size: small;">Name (Print)</div> Contact Telephone Number: _____ Fax Number: _____ Email Address: _____	
SBE:	LBE:	DBE:	DZE:	ROB:	LRB:					

## CERTIFICATIONS

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

- a. A **description of the efforts** the prime contractor will make to ensure that LBEs, DBEs, ROB, 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, 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 ROB, and to award subcontracts to them.**

PERSON PREPARING THE SUBCONTRACTING PLAN:	
Name: _____ <div style="text-align: right; font-size: small;">(Print)</div> Telephone Number: (    ) _____ - _____ Fax Number: (    ) _____ - _____ Email Address: _____	Signature: _____ Title: _____ Date: _____

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**SUBCONTRACTOR INFORMATION: (use continuation sheet for additional subcontracts)**

<b>SUBCONTRACTOR INFORMATION: (use continuation sheet for additional subcontractors)</b>												
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Total Amount Set Aside: \$ _____ Percentage of Total Set Aside Amount : _____ %      Tier: : _____ <span style="margin-left: 100px;">1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup></span> LSDBE Certification Number: _____  <div style="display: flex; align-items: center;"> <div>Certification Status: (check all that apply)</div> <table border="1" style="margin-left: 10px;"> <tr> <td style="text-align: center;">SBE:</td> <td style="text-align: center;">LBE:</td> <td style="text-align: center;">DBE:</td> <td style="text-align: center;">DZE:</td> <td style="text-align: center;">ROB:</td> <td style="text-align: center;">LRB:</td> </tr> </table> </div>				SBE:	LBE:	DBE:	DZE:	ROB:	LRB:	Point of Contact:_____ Name (Print) Contact Telephone Number:_____ Fax Number:_____ Email Address:_____		
SBE:	LBE:	DBE:	DZE:	ROB:	LRB:							

Name	Address & Telephone
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Total Amount Set Aside: \$\_\_\_\_\_

Percentage of Total Set Aside Amount : \_\_\_\_\_%      Tier : \_\_\_\_\_  
1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>

LSDBE Certification Number: \_\_\_\_\_

Certification Status:  
(check all that apply)

SBE:	LBE:	DBE:	DZE:	ROB:	LRB:
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Point of Contact: \_\_\_\_\_  
Name (Print)

Contact Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Percentage of Total Set Aside Amount : \_\_\_\_\_ %      Tier : \_\_\_\_\_  
1<sup>st</sup>, 2<sup>nd</sup>, 3rd

LSDBE Certification Number:\_\_\_\_\_

Certification Status:

SBE:	LBE:	DBE:	DZE:	ROB:	LRB:
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(check all that apply)

Point of Contact:\_\_\_\_\_ Name (Print)

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Certification Status: (check all that apply)	SBE:	LBE:	DBE:	DZE:
				ROB:
				LRB:
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				ROB:
				LRB:
			Fax Number:_____	Email Address:_____