

## SUBCONTRACTING PLAN CHECKLIST FOR CONTRACTING OFFICERS

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Date Plan Submitted: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Contract/Solicitation Number: VA770-15-Q-0273

Contracting Officer/Specialist: Karen R. Griffin

Locations: Hines, IL CMOP

Total Contract Value (including options): \$ \_\_\_\_\_

Type of Plan (check one): ☐ Commercial Plan ☐ Individual Plan

1. Does the plan show total dollars to be subcontracted? ☐ Yes ☐ No

Amount: \$ \_\_\_\_\_

2. Are there separate percentage goals for Small Business (including Alaska Native Corporation's (ANCs)); Service-Disabled Veteran-Owned Small Business, Veteran-Owned Small Business; Small Disadvantaged, Women-Owned, and Historically Underutilized Business Zone (HUBZone) Small Business Concerns as subcontractors?

☐ Yes ☐ No

What are the goals and do you agree?

Socio-Economic Groups	PRIMES SUBMITTAL		YES	NO	RECOMMENDED GOALS	
	Total Dollars	Percent			Total Dollars	Percent
<b>Total Subcontracting</b>	<b>\$</b>	<b>%</b>			<b>\$</b>	<b>%</b>
Small Business (SB)	\$	%			\$	17.5%
Service-Disabled Veteran-Owned Small Business (SDVOSB)	\$	%			\$	3.0%
Veteran-Owned Small Business (VOSB)	\$	%			\$	5.0%
Small Disadvantaged Business (SDB)	\$	%			\$	5.0%
HUBZone Small Business Concerns	\$	%			\$	3.0%
Women-Owned Small Business (WOSB)	\$	%			\$	5.0%

3. Description of the principal types of supplies and services to be subcontracted, and an identification of the types planned for subcontracting to:

Small Business ..... ☐ Yes ☐ No  
 Small Disadvantaged Business ..... ☐ Yes ☐ No  
 Women-owned Business ..... ☐ Yes ☐ No  
 HUBZone Business ..... ☐ Yes ☐ No  
 Service-Disabled Veteran-Owned ..... ☐ Yes ☐ No  
 Veteran-Owned Business ..... ☐ Yes ☐ No

	YES	NO
4. Is there a description of the method used to develop the subcontracting goals?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a description of the method used to identify potential sources for solicitation purposes (e.g. CCR/DSBS, Vet-Biz, National Minority Purchasing Council Vendor Information Services, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a statement as to whether they included indirect costs in establishing subcontracting goals and a description of the method used to determine the proportionate share of indirect costs to be incurred with small business (including Alaska Native Corporation's (ANCs)); Service-Disabled Veteran-Owned, Veteran-Owned, Small Disadvantaged (including ANC's and Indian Tribes) Women-Owned, and Historically Underutilized Business Zone (HUBZone) Small Business Concerns?	<input type="checkbox"/>	<input type="checkbox"/>
7. (a) Does the plan have the name of an individual who will administer the subcontracting program included?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Is there a description of the duties of that individual included?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the plan include a description of the efforts to ensure that Small Business (including Alaska Native Corporation's (ANCs)); Service-Disabled Veteran-Owned Small Business, Veteran-Owned Small Business; Small Disadvantaged, Women-Owned, and Historically Underutilized Business Zone (HUBZone) Small Business Concerns will have an equitable opportunity to compete for subcontracts?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the plan include assurances that lower tier subcontractors will comply with the clause at 52.219-9 requiring further subcontracting opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
10. (a) Does the plan have assurances that the firm will cooperate in any studies or surveys as may be required?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Agree to submit periodic reports in order to allow the Government to determine the extent of compliance by the contractor with the subcontracting plan?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Does the plan indicate that they will report in the Electronic Subcontracting Reporting System (eSRS) at <a href="http://www.esrs.gov">www.esrs.gov</a> their SSR 295 Summary Subcontract Report and ISR Individual Subcontracting Report?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
11. (a) Does the plan indicate agreement to maintain the minimum amount of records to document compliance and a description of the records including establishing source lists, organizations contacted; and a description of the efforts to locate small (including Alaska Native Corporation's (ANCs)); Service-Disabled Veteran-Owned, Veteran-Owned, Small Disadvantaged (including ANC's and Indian Tribes) Women-Owned, and Historically Underutilized Business Zone (HUBZone) Concerns and to award subcontracts to them?	<input type="checkbox"/>	<input type="checkbox"/>
(b) As well as their outreach efforts (trade associations, organizations, conferences, workshops, and seminars)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Whether small (including Alaska Native Corporation's (ANCs)); Service-Disabled Veteran-Owned, Veteran-Owned, Small Disadvantaged (including ANC's and Indian Tribes) Women-Owned, and Historically Underutilized (HUBZone) Business Concerns were solicited for any subcontracting opportunity over \$150,000 and if not, why?	<input type="checkbox"/>	<input type="checkbox"/>

Prime Contractor: \_\_\_\_\_

Date: \_\_\_\_\_

Type Name: \_\_\_\_\_

Title: \_\_\_\_\_

eMail: \_\_\_\_\_