

**U.S. DEPARTMENT OF VETERANS AFFAIRS (VA)**  
**OFFICE OF SMALL AND DISADVANTAGED BUSINESS UTILIZATION (OSDBU)**  
**SUBCONTRACTING PLAN**

**In accordance with Federal Acquisition Regulation (FAR) 19.704, 52.219 and  
Public Law (P.L.) 109-461**

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|--|
| <b>Prime Contractor:</b>   |
| <b>Address:</b>  |
| <b>City:</b>   |
| <b>State:</b>  |
| <b>Zip Code:</b>   |
| <b>Solicitation/Contract Number: 36C77018Q0023</b>                             |
| <b>Description of Requirement: Allopurinol - National CMOP</b>                 |
| <b>Total Contract Amount (Including Option Years):</b>                         |
| <b>Activity Awarding Contract:</b>   |
| <b>Contracting Officer Name:</b>   |
| <b>Period of Contract Performance Including Option Years (Month and Year):</b> |

**Prime Contractor is:**

- |   |   |
|---|---|
| <input type="checkbox"/> Architect-Engineer<br><input type="checkbox"/> Blood<br><input type="checkbox"/> Bulk Oxygen Services<br><input type="checkbox"/> Clinical Diagnostic Equipment<br><input type="checkbox"/> Community Based Outpatient Clinic<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Consulting Services<br><input type="checkbox"/> Dental Equipment<br><input type="checkbox"/> Dental Equipment and Supplies<br><input type="checkbox"/> Dental Supplies<br><input type="checkbox"/> Diagnostic Imaging Equipment and Supplies<br><input type="checkbox"/> Diagnostic X-Ray and Related Systems and Equipment Including Installation<br><input type="checkbox"/> Dietary Supplements<br><input type="checkbox"/> Digital Hearing Aids and Batteries<br><input type="checkbox"/> Elevator Maintenance<br><input type="checkbox"/> External Peer Review<br><input type="checkbox"/> Healthcare Staffing<br><input type="checkbox"/> Home Healthcare Services<br><input type="checkbox"/> Home Medical Equipment<br><input type="checkbox"/> Home Oxygen<br><input type="checkbox"/> Information Technology<br><input type="checkbox"/> InVitro Diagnostics Reagents<br><input type="checkbox"/> InVitro Diagnostics Substances_Reagents, Test Kits and Blood Laboratory | <input type="checkbox"/> Janitorial<br><input type="checkbox"/> Laboratory Testing Services<br><input type="checkbox"/> Laundry and Linen Services<br><input type="checkbox"/> Medical Equipment<br><input type="checkbox"/> Medical Equipment and Supplies<br><input type="checkbox"/> Medical Equipment and Supplies and Pharmaceuticals<br><input type="checkbox"/> Medical Gas and Medical Bulk Oxygen<br><input type="checkbox"/> Medical Healthcare Services<br><input type="checkbox"/> Medical Surgical Prime Vendor<br><input type="checkbox"/> Niche Markers<br><input type="checkbox"/> Pharmaceuticals<br><input type="checkbox"/> Pharmaceutical and Cost Per Test<br><input type="checkbox"/> Prosthetics<br><input type="checkbox"/> Publisher/Subscription Services<br><input type="checkbox"/> Radiation Therapy Systems<br><input type="checkbox"/> Real Estate<br><input type="checkbox"/> Studies<br><input type="checkbox"/> Support Services<br><input type="checkbox"/> Telephone System Hardware/Software Maintenance<br><input type="checkbox"/> Transportation<br><input type="checkbox"/> Other (Not Checked):<br><hr style="width: 100%;"/> |
|---|---|

Please check if you are:

- |                                       |                                      |   |
|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Distributor | <input type="checkbox"/> Manufacturer/Distributor |
|---------------------------------------|--------------------------------------|---|

Type of Plan (Check One)

☐ Commercial Plan - means a subcontracting plan (including goals) that covers the prime contractor's fiscal year and that applies to the entire production of commercial items sold by either the entire company or a portion thereof (e.g., division, plant, or product line).

- Represents \_\_\_\_% of Total Annual Sales (**Prime Contractor Complete**)

☐ Individual Plan - means a subcontracting plan that covers the entire contract period (including option periods), applies to a specific contract, and has goals that are based on the prime contractor's planned subcontracting in support of the specific contract, except that indirect costs incurred for common or joint purposes may be allocated on a prorated basis to the contract.

**VA'S REQUIRED PERCENTAGE GOALS ARE SHOWN BELOW. "ZERO" PERCENT VALUE FOR GOALS OR "N/A" ARE UNACCEPTABLE. GOALS AND PERCENTAGES MUST BE ROUNDED TO THE NEAREST DOLLAR AND TENTH OF A PERCENT.**

**EXAMPLE OF HOW TO CALCULATE THE GOALS:**

|  | <u>DOLLARS</u> | <u>PERCENT</u> |
|--|----------------|----------------|
| Total Contract Price   | \$1,500,000    |                |
| Total to be Subcontracted  | \$1,000,000    | 100%           |
| Subcontract to Small Business (including Alaska Native Corporations (ANC) and Indian tribes) | \$177,000      | 17.7%          |
| Subcontract to Service Disabled Veteran-Owned Small Business                                 | \$30,000       | 3.0%           |
| Subcontract to Veteran-Owned Small Business  | \$50,000       | 5.0%           |
| Small Disadvantaged Business (including ANC and Indian tribes)                               | \$50,000       | 5.0%           |
| Women-Owned Small Business   | \$50,000       | 5.0%           |
| Subcontract to HUBZone Small Businesses  | \$30,000       | 3.0%           |

- **IF PERCENTAGE GOALS BELOW ARE LOWER THAN EXAMPLE ABOVE, PLEASE SUBMIT JUSTIFICATION AS TO WHY.**

**PLEASE ENTER THE INFORMATION LISTED BELOW:**

Total dollars to be subcontracted: \$\_\_\_\_\_

❖ Total dollars to be subcontracted to Small Business (SB):

\$\_\_\_\_\_ %

- ❖ Total dollars to be subcontracted to Service-Disabled Veteran-Owned Small Business (SDVOSB) – P.L. 109-461, signed by the President December 22, 2006. Goal shall not be less than 3.0%. **NOTE: In accordance with VA Acquisition Regulations (VAAR) 852.219-9(d): To be credited toward goal achievements, businesses must be verified as eligible in the Vendor Information Pages database at <https://www.vip.vetbiz.gov/>.** The contractor shall annually submit a listing of Service-Disabled Veteran-Owned Small Businesses and Veteran-Owned Small Businesses (VOSB) for which credit toward goal achievement is to be applied for the review of personnel in the Office of Small and Disadvantaged Business Utilization (OSDBU):

\$\_\_\_\_\_ %

- ❖ Total dollars to be subcontracted to Veteran-Owned Small Business (VOSB) – P.L. 109-461, signed by the President December 22, 2006. Goal shall not be less than the 7.0% as mandated by the Secretary of Department of Veterans Affairs: **NOTE: In accordance with VAAR 852.219-9(d): To be credited toward goal achievements, businesses must be verified as eligible in the Vendor Information Pages database at <https://www.vip.vetbiz.gov/>.** The contractor shall annually submit a listing of Service-Disabled Veteran-Owned Small Businesses and Veteran-Owned Small Businesses for which credit toward goal achievement is to be applied for the review of personnel in the Office of Small and Disadvantaged Business Utilization (OSDBU):

\$\_\_\_\_\_ %

- ❖ Total dollars to be subcontracted to Small Disadvantaged Business (SDB), including Alaska Native Corporations (ANCs) and Indian tribes:

\$\_\_\_\_\_ %

- ❖ Total dollars to be subcontracted to Women-Owned Small Business (WOSB):

\$\_\_\_\_\_ %

- ❖ Total dollars to be subcontracted to HUBZone Small Business Concerns:

\$\_\_\_\_\_ %

- ❖ Total dollars to be subcontracted to Large Business:

\$\_\_\_\_\_ %

3. Provide a description of the principal types of supplies and services to be subcontracted under this contract, broken down by subcontracting to Large Business, Small Business, Small Disadvantaged Business, WOSB, HUBZone, SDVOSB, and VOSB.

**YOU MUST IDENTIFY THE PRODUCTS/SERVICES TO BE SUBCONTRACTED IN EACH CATEGORY.  
(EXAMPLE: OFFICE SUPPLIES, MAINTENANCE, AND REPAIR)**

**PRODUCTS/SERVICES**

**LARGE BUSINESS -**

**SMALL BUSINESS -**

**SMALL DISADVANTAGED BUSINESS -**

**WOMEN-OWNED SMALL BUSINESS -**

**HUBZONE SMALL BUSINESS -**

**SDVOSB – in accordance with P.L. 109-461, signed by the President December 22, 2006, please list the name, address, and telephone number for each SDVOSB and VOSB concerns as follows. Please ensure that the businesses are registered/active in the System for Award Management at [www.sam.gov](http://www.sam.gov) and the Vendor Information Page Vendor Information Pages database at <https://www.vip.vetbiz.gov/>.**

**Name of SDVOSB:**

**Address:**

**City/State/Zipcode:**

**Point of contact:**

**Email address of point of contact:**

**Telephone:**

**FAX:**

**Name of VOSB:**

**Address:**

**City/State/Zipcode:**

**Email address of point of contact:**

**Telephone:**

**FAX:**

**In accordance with P.L. 109-461, VA OSDDBU is mandated to certify that the SDVOSB and VOSB concerns listed for subcontracting opportunities do have a subcontract with you as the Prime Contractor.**

**This information will be a report to the VA OSDDBU on a quarterly basis for SDVOSB and VOSB concerns to report.**

4. A description of the method used to develop the subcontracting goals:

5. A description of the method used to identify potential sources for solicitation purposes (e.g., existing company source lists, the System for Award Management (SAM), Dynamic Small Business Search (DSBS), Veteran service organizations, the National Minority Purchasing Council Vendor Information Service, the Research and Information Division of the Minority Business Development Agency in the U.S. Department of Commerce, or Small, HUBZone, Small Disadvantaged, and Women-Owned Small Business trade associations). A firm may rely on the information contained in SAM as an accurate representation of a concern's size and ownership characteristics for the purposes of maintaining source lists of small businesses, excluding SDVOSB and VOSB, which must be verified at <https://www.vip.vetbiz.gov/>. Use of SAM as a source list does not relieve a firm of its responsibilities (e.g., outreach, assistance, counseling, or publicizing subcontracting opportunities) towards subcontracting (NOTE: VA expects Prime Contractors to advertise subcontracting opportunities at: <http://www.sba.gov/subnet>):

6. A statement as to whether or not the prime contractor 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 ANC and Indian tribes); Service-Disabled Veteran-Owned Small Business; Veteran-Owned Small Business; Small Disadvantaged Business concern (including ANC and Indian tribes); Women-Owned Small Business, and HUBZone Business concerns.

☐Yes    ☐No

7. Name of the individual employed by the Prime Contractor who will administer the Prime Contractor's subcontracting program and a description of the duties of the individual.

SUBCONTRACTING PLAN ADMINISTRATOR

NAME:

TITLE:

ADDRESS:

CITY:

STATE:

ZIPCODE:

TELEPHONE:

FAX NUMBER:

E-MAIL:

DUTIES: List duties and responsibilities of the Subcontracting Plan Administrator and a statement of the extent and scope of the Plan Administrator's authority in subcontracting source selections:

8. A description of the efforts the prime contractor will make to assure that small business concerns will have an equitable opportunity to compete for subcontracts:

9. Assurances that the prime contractor will include the FAR clause of this contract entitled 52.219-8 "Utilization of Small Business Concerns" in all subcontracts that offer further subcontracting opportunities, and that the prime contractor will require all subcontractors (except Small Business concerns) that receive subcontracts in excess of \$700,000 (\$1,500,000 for construction) to adopt a subcontracting plan that complies with the requirements of this clause.

☐Yes ☐No

10. Assurances that the prime contractor will—

- (i) Cooperate in any studies or surveys as may be required;
- (ii) Submit periodic reports so that the Government can determine the extent of compliance by the prime contractor with the subcontracting plan;
- (iii) Submit the Subcontracting Report for Individual Contracts (ISR) and/or the Summary Subcontract Report (SSR), in accordance using the Electronic Subcontracting Reporting System (eSRS) at <http://www.esrs.gov> and following the instruction in the eSRS;
- (iv) Ensure that its subcontractors with subcontracting plans agree to submit the ISR and/or the SSR using eSRS;
- (v) Provide its prime contract number, its DUNS number, and the e-mail address of the Government or Contractor official responsible for acknowledging or rejecting the reports, to all first-tier subcontractors with subcontracting plans so they can enter this information into the eSRS when submitting their reports; and
- (vi) Require that each subcontractor with a subcontracting plan provide the prime contract number, its own DUNS number, and the e-mail address of the Government or Contractor official responsible for acknowledging or rejecting the reports, to its subcontractors with subcontracting plans.

☐Yes ☐No

NOTE: When entering your subcontracting information, you must include the email address of the following individuals whom will be reviewing the Subcontracting Report for ISR and SSR:

Reporting Agency: Department of Veterans Affairs, Office Code: 3600

**Please enter the contracting officer's email address:**

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11. A description of the types of records that will be maintained concerning procedures that have been adopted to comply with the requirements and goals in the plan, including establishing source lists; and a description of the prime contractor's efforts to locate Small Business, Veteran-Owned Small Business, Service-Disabled Veteran-Owned Small Business, HUBZone Business, Small Disadvantaged Business, and Women-Owned Small Business concerns and award subcontracts to them. The records shall include at least the following (on a plant-wide or company-wide basis, unless otherwise indicated):

(i) Source lists (e.g., SAM, Vendor Information Pages (VIP) Database at the Vetbiz.gov web portal ([www.vetbiz.gov](http://www.vetbiz.gov)), to ensure maximum practicable consideration of Veteran-Owned and Service-Disabled Veteran-Owned Small Businesses:), guides, and other data that identify Small Business, Veteran-Owned Small Business, Service-Disabled Veteran-Owned Small Business, HUBZone Business, Small Disadvantaged Business, and Women-Owned Small Business concerns.

(ii) Organizations contacted in an attempt to locate sources that are Small Business, Veteran-Owned Small Business, Service-Disabled Veteran-Owned Small Business, HUBZone Business, Small Disadvantaged Business, or Women-Owned Small Business concerns.

(iii) Records on each subcontract solicitation resulting in an award of more than \$150,000, indicating:

- (A) Whether Small Business concerns were solicited and, if not, why not;
- (B) Whether Veteran-Owned Small Business concerns were solicited and, if not, why not;
- (C) Whether Service-Disabled Veteran-Owned Small Business concerns were solicited and, if not, why not;
- (D) Whether HUBZone Business concerns were solicited and, if not, why not;
- (E) Whether Small Disadvantaged Business concerns were solicited and, if not, why not;
- (F) Whether Women-Owned Small Business concerns were solicited and, if not, why not; and
- (G) If applicable, the reason award was not made to a Small Business concern.



(iv) Records of any outreach efforts to contact:

- (A) Trade associations;
- (B) Business development organizations;
- (C) Conferences and trade fairs to locate Small Business, HUBZone, Small Disadvantaged, and Women-Owned Small Business sources; and
- (D) Veteran's service organizations.

(v) Records of internal guidance and encouragement provided to buyers through:

- (A) Workshops, seminars, training, etc.;
- (B) Monitoring performance to evaluate compliance with the program requirements.

(vi) On a contract-by-contract basis, records to support award data submitted by the prime contractor to the Government, including the name, address, and business size of each subcontractor.

(vii) Contractors having commercial plans need not comply with this requirement.

(e) In order to effectively implement this plan to the extent consistent with efficient contract performance, the Contractor shall perform the following functions:

(1) Assist Small Business, Veteran-Owned Small Business, Service-Disabled Veteran-Owned Small Business, HUBZone Business, Small Disadvantaged Business, and Women-Owned Small Business concerns by arranging solicitations, time for the preparation of bids, quantities, specifications, and delivery schedules so as to facilitate the participation by such concerns. Where the Contractor's lists of potential Small Business, Veteran-Owned Small Business, Service-Disabled Veteran-Owned Small Business, HUBZone Business, Small Disadvantaged Business, and Women-Owned Small Business subcontractors are excessively long, reasonable effort shall be made to give all such Small Business concerns an opportunity to compete over a period of time.

(2) Provide adequate and timely consideration of the potentialities of Small Business, Veteran-Owned Small Business, Service-Disabled Veteran-Owned Small Business, HUBZone Business, Small Disadvantaged Business, and Women-Owned Small Business concerns in all "make-or-buy" decisions.

(3) Counsel and discuss subcontracting opportunities with representatives of Small Business, Veteran-Owned Small Business, Service-Disabled Veteran-Owned Small Business, HUBZone Business, Small Disadvantaged Business, and Women-Owned Small Business firms.

(4) Confirm that a subcontractor representing itself as a HUBZone Business is identified as a certified HUBZone Small Business Concern by accessing the SAM database or by contacting SBA.

(5) Provide notice to subcontractors concerning penalties and remedies for misrepresentations of business status as Small, Veteran-Owned Small Business, HUBZone, Small Disadvantaged, or Women-Owned Small Business for the purpose of obtaining a subcontract that is to be included as part or all of a goal contained in the Contractor's subcontracting plan.

**SIGNATURES REQUIRED**

PRIME CONTRACTOR: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINT/TYPE NAME:  
TITLE:  
DATE:  
EMAIL:

CONTRACTING OFFICER:

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
TYPE NAME:  
TITLE:  
EMAIL: