

Calculation Worksheet for Self-performed and Subcontracted Worksheet

A Service-Disabled Veteran-Owned Small Business (SDVOSB) concern agrees that in the performance of the contract, the concern will comply with the limitation on subcontracting requirements in 13 CFR §125.6, as applicable.

A Service-Disabled Veteran-Owned Small Business (SDVOSB) concern agrees that in the performance of the contract, the concern will comply with the limitation on subcontracting requirements in 13 CFR §125.6, as applicable. Offerors for General Construction (NAICS code 236220) must not pay more than eighty-five percent (85%) of the amount paid by the Government to it to firms that are not similarly situated. Any work that a similarly situated subcontractor further subcontracts will count towards the eighty-five percent (85%) subcontract amount that cannot be exceeded. Cost of materials are excluded and not considered to be subcontracted). Provide a breakdown of material and personnel costs, by specification division listed for the project. Home Office overhead, profit/fee and bond costs shall be added after a subtotal of personnel and material/equipment cost has been calculated. Clearly identify the personnel costs you will be performing, and the personnel costs of other eligible SDVOSB concerns.

Below is a suggested format:

Specification Section	SDVOSB Vendor (Y/N)	Personnel Cost	Material/Equipment Costs
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Column Totals:		\$	\$
Sub-total (Personnel Cost, Material/Equipment Costs):			\$
Profit:			\$
Home Office Overhead:			\$
Bond(s):			\$
Grand Total:			\$

Calculation of self-performed personnel costs:

1. Total personnel costs both prime-contractor and all sub-contractors: \$ _____
2. Subtract all sub-contractor personnel cost that are not SDVOSB
Firms that will perform work on the resulting contract: \$ _____
3. Remainder is -
'Total amount of work to be self-performed Under the contract': \$ _____
4. Self-performed work = Line 3 / Line 1 x 100 = _____%
(include project manager, job superintendent, administrative, estimators, etc.,)

I (Contractor) certify that the above information/representations are true and correct to the best of my knowledge.

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(Typed name of authorized representative)

(Signature of authorized representative)

(Title of authorized representative)

(Date)

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Worksheet
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