SUBCONTRACTING PLAN

PRIME CONTRACTOR INFORMATION:

Company:_____

Street Address: _____

City & Zip Code: : _____

Phone Number:_____ Fax:_____

Email Address:_____

Solicitation Number: _____

Contractor's Tax ID Number:_____

Caption of Plan: _____

_____

_____

Project Name: _____

Address: _____

_____

Project Descriptions: _____

_____

_____

Duration of the Plan: From _____ to _____

Total Prime Contract Value: $_____.____

Amount of Contract (excluding the cost of materials, goods, supplies and equipment) $_____.____

Amount of all Subcontracts:$_____

LSDBE Total:$_____.____ equals _____%

LSDBE **Subcontract Value** **Percentage Set Aside**

CONTRACTOR 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: :_____
1st, 2nd, 3rd

LSDBE Certification Number:_____

Certification Status: (check all that apply)

SBE:	LBE:	DBE:	DZE:	ROB:	LRB:

Point of Contact:_____
Name (Print)

Contact Telephone Number:_____

Fax Number:_____

Email Address:_____

(List each subcontractor at any tier that will be awarded a subcontract to meet your total set aside goal.)

CERTIFICATIONS

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

a. A **description of the efforts** the prime contractor will make to ensure that LBEs, DBEs, ROBs, 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 CO, that 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 CO, and submit periodic reports, as requested by the CO, 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 ROBs, and to award subcontracts to them.**

PERSON PREPARING THE SUBCONTRACTING PLAN:

Name:_____
(Print)

Telephone Number: ( ) _____ - _____

Fax Number: ( ) _____ - _____

Email Address: _____

Signature: _____

Title: _____

Date: _____

FOR CO USE ONLY

(SUBCONTRACTORS LIST CONTINUED)

(List each subcontractor 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: :_____ (1st, 2nd, 3rd)

LSDBE Certification Number:_____

Certification Status: (check all that apply)

SBE:	LBE:	DBE:	DZE:	ROB:	LRB:

Point of Contact:_____ Name (Print)

Contact Telephone Number:_____

Fax Number:_____

Email Address:_____

SUBCONTRACTOR INFORMATION:

Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work

Total Amount Set Aside: $_____

Percentage of Total Set Aside Amount :_____% Tier: :_____ (1st, 2nd, 3rd)

LSDBE Certification Number:_____

Certification Status: (check all that apply)

SBE:	LBE:	DBE:	DZE:	ROB:	LRB:

Point of Contact:_____ Name (Print)

Contact Telephone Number:_____

Fax Number:_____

Email Address:_____

SUBCONTRACTOR INFORMATION:

Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work

Total Amount Set Aside: $_____

Percentage of Total Set Aside Amount :_____% Tier: :_____ (1st, 2nd, 3rd)

LSDBE Certification Number:_____

Certification Status: (check all that apply)

SBE:	LBE:	DBE:	DZE:	ROB:	LRB:

Point of Contact:_____ Name (Print)

Contact Telephone Number:_____

Fax Number:_____

Email Address:_____

SUBCONTRACTOR INFORMATION:

Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work

Total Amount Set Aside: $_____

Percentage of Total Set Aside Amount :_____% Tier: :_____ (1st, 2nd, 3rd)

LSDBE Certification Number:_____

Certification Status: (check all that apply)

SBE:	LBE:	DBE:	DZE:	ROB:	LRB:

Point of Contact:_____ Name (Print)

Contact Telephone Number:_____

Fax Number:_____

Email Address:_____

SUBCONTRACTOR INFORMATION:

Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work

Date Plan Received by CO: _____

Report: ☐ Acceptable ☐ Not Acceptable Contract Number: _____

Name of CO _____ Signature _____ Date _____