

OFFICE OF SMALL AND DISADVANTAGED BUSINESS UTILIZATION SMALL BUSINESS SUBCONTRACTING PLAN

The following outline meets the minimum requirements of section 8(d) of the Small Business Act, as amended, and implemented by the Federal Acquisition Regulations (FAR) Subpart 19.7. The U.S. Department of Health and Human Services (HHS), Office of Small and Disadvantaged Business Utilization (OSDBU) recommend offerors use the following format to submit proposed Individual Subcontracting Plans, including modifications. It is not intended to replace any existing Corporate/Commercial Plan that is more extensive. A subcontracting Plan is required if the estimated cost of the contract may exceed \$650,000 (\$1,500,000 for construction) Small businesses are excluded. Questions should be forwarded to the Contracting Officer or Operating Division (OPDIV) Small Business Specialist.

HHS Operating Division (OPDIV):
SOLICITATION OR CONTRACT NUMBER:
DATE OF PLAN:
CONTRACTOR:
ADDRESS:
STATE/ ZIP CODE
DUNN & BRADSTREET NUMBER:
ITEM/ SERVICE (Description):

NEW/INITIAL CONTRACT

PERIOD OF CONTRACT PERFORMANCE (MM/DD/YYYY - MM/DD/YYYY):					
Base (if options ap	pply) \$	Performance Period/Quantity			
Option 1:	\$	Performance Period/Quantity			
Option 2:	\$	Performance Period/Quantity			
Option 3:	\$	Performance Period/Quantity			
Option 4:	\$	Performance Period/Quantity			
	\$	Total Contract Cost			
CONTRACT MO	ODI FI CATI ON (if applicat	ole)			
NEW PERIOD C	F CONTRACT PERFORMAN	ICE (MM/DD/YYYY - MM/DD/YYYY):			
Original/Base S	\$	Performance Period/Quantity			
Modification S	\$	Performance Period/Quantity			
Task Order	\$	Performance Period/Quantity			
\$	8	Modified Total Contract Cost			

Failure to include the essential information of FAR Subpart 19.7 may be cause for either a delay in acceptance or the rejection of a bid or offer when a subcontracting plan is required. "SUBCONTRACT," as used in this clause, means any agreement (other than one involving an employer-employee relationship) entered into by a Federal Government prime contractor or subcontractor requesting supplies or services required for performance of the contract or subcontract.

If assistance is needed to locate small business sources, contact the Small Business Specialist (SBS) supporting the OPDIV. SBS contact information is located on the OSDBU website (http://www.hhs.gov/about/smallbusiness/osdbustaff.html) or you may contact the OSDBU headquarters at (202) 690-7300.

HHS current subcontracting goal is **33.0**% for Small Business (hereafter referred to as SB), **5.00**% for Small Disadvantaged Business, including 8(a) Program Participants, Alaska Native Corporations (ANC) and Indian Tribes (hereafter referred to as SDB), **5.00**% for Women-Owned Small Business and Economically Disadvantaged Women-Owned Small Business (hereafter referred to as WOSB), **3.00**% HubZone business (hereafter referred to as HUBZone), 3.00% Veteran Owned Small Business (hereafter referred to as VOSB) and **3.00**% Service Disabled Veteran-Owned Small Business (hereafter referred to as SDVOSB) concerns for **Fiscal Year (FY) 2012+**. For this procurement, HHS expects all proposed subcontracting plans to contain at a minimum the aforementioned percentages.

These percentages shall be expressed as percentages of the total estimated subcontracting dollars. 1. Type of Plan (check one) Individual plan (all elements developed specifically for this contract and applicable for the full term of this contract). Master plan (goals developed for this contract) all other elements standardized and approved by a lead agency Federal Official; must be renewed every three years and contractor must provide copy of lead agency approval. Commercial products/ service plan (goals are negotiated with the initial agency on a company-wide basis rather than for individual contracts) this plan applies to the entire production of commercial service or items or a portion thereof. The contractor sells commercial products and services customarily used for nongovernment purposes. The plan is effective during the offeror's fiscal year (attach a The Summary Subcontracting Report (SSR) must include a breakout of subcontracting prorated for HHS and other Federal agencies. 2. Goals Below indicate the dollar and percentage goals for Small Business (SB), Small Disadvantaged (SDB) including Alaska Native Corporations and Indian Tribes, Women-owned and Economically Disadvantaged Women-Owned (WOSB), Historically Underutilized Business Zone (HUBZone), Veteran Owned Small Business (VOSB), Service-Disabled Veteran-Owned (SDVOSB) Small Businesses and "Other than Small Business" (Other) as subcontractors. Indicate the base year and each option year, as specified in FAR 19.704 or project annual subcontracting base and goals under commercial plans. If any contract has more four options, please attach additional sheets which illustrate dollar amounts and percentages. PLEASE NOTE: Zero dollars is not an acceptable goal for the SB, SDB, WOSB, HUBZone, VOSB or SDVOSB categories since this does not demonstrate a good faith effort throughout the period of performance of the contract. Formula for below: 2.b. + 2.h. = 2.a. a. Total estimated dollar value of ALL planned subcontracting, i.e., with ALL types of concerns under this contract is _____ (Base Period - if options apply). FY ___1st Option FY ___2nd Option FY ___3rd Option FY ___4th Option \$ _____ \$ ____ \$ ____ \$ ____ b. Total estimated dollar value and percent of planned subcontracting with SMALL BUSINESSES (including SDB, WOSB, HUBZone, VOSB and SDVOSB): (% of "a") \$ ______ and ______ % (Base Period - if options apply) FY 1st Option FY 2nd Option FY 3rd Option FY 4th Option

\$ _____ \$ ____ \$ ____

DISADVANTA	l dollar value ar GED BUSINES % (Base P	SES : (% of "	a") \$	tracting with SM and	ALL
FY1 st Option	on FY2 nd (Option FY	_3 rd Option I	FY4 th Option	
\$	\$	\$		\$	_
. Total estimated WOMEN-OWN		SINESSES: (% of "a") \$	tracting with	_ and
FY1 st Option	on FY2 nd (Option FY	_3 rd Option I	Y4 th Option	
\$	\$	\$;	\$	_
BUSINESSES:	·	•		ng with HUBZone Period - if options a	
				=Y4 th Option	rr
				\$	
OWNED SMAL	d dollar and perol. L BUSINESSE: % (Base P	S : (% of "a")	\$	ng with VETERAN and	1 -
FY1 st Option	n FY2 nd (Option FY	_3 rd Option I	Y4 th Option	
\$	\$	\$	9	\$	_
DISABLED VE	TERAN-OWNE	D SMALL BUS	SINESSES: (9	ng with SERVICE % of "a") \$ od - if options apply)	<u>:</u> -
FY1 st Option	on FY2 nd (Option FY	_3 rd Option I	FY4 th Option	
\$	\$	\$		\$	_
MALL BUSINES hat is not classific overnments, non	SES" (As define ed as a small bu -profit organiza ns.) (% of "a")	ed by the Sma Isiness. This i tions, public u	ll Business Adr ncludes large b tilities, educati	ng with "OTHER ministration as "a ousinesses, state ional institutions o	ny enti and loo and
FY1 st Option	n FY2 nd (Option FY	_3 rd Option I	Y4 th Option	
\$	\$	\$	9	B	

 Provide a description of ALL the products and/or services to be subcontracted under this contract, and indicate the size and type of business supplying them (check all that apply):

Products and/ or Services	Other	Small Business	SDB	WOSB	Hubz	VOSB	SDVOSB
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

j.	Provide a description of the method used to develop the subcontracting goals for SB,
	SDB, WOSB, HUBZone and SDVOSB concerns. Address efforts made to ensure that
	maximum practicable subcontracting opportunities have been made available for
	those concerns and explain the method used to identify potential sources for
	solicitation purposes. Explain the method and state the quantitative basis (in
	dollars) used to establish the percentage goals. Also, explain how the areas to be
	subcontracted to SB, WOSB, HUBZone, VOSB and SDVOSB concerns were
	determined, how the capabilities of these concerns were considered contract
	opportunities and how such data comports with the cost proposal. Identify any
	source lists or other resources used in the determination process. (Attach additional
	sheets, if necessary.)

k.	Indirect costs have	_ have not	_ been included ir	n the dollar	and percentage
	subcontracting goals ab	ove (check one	·).		

1.	proportionate share	re been included, explain the method used to determine the of such costs to be allocated as subcontracts to SB, SDB, WOSE d SDVOSB concerns:	3,
3. Pı	 ogram Administra	tor:	
	NAME:		
	TITLE:		
	ADDRESS:		
	TELEPHONE:		
	E-MAIL:		
comp subco subco the co	any's subcontracting intracting plans and pontracting plans and pontracting plans and pompany performs the	ual named above have general overall responsibility for the program, i.e., developing, preparing, and executing monitoring performance relative to the requirements of those perform the following duties? (If NO is checked, please who in use duties, or indicate why the duties are not performed in your neet of paper and submit with the proposed subcontracting plan.))
a.	company's support HUBZone, VOSB an	moting company-wide policy initiatives that demonstrate the for awarding contracts and subcontracts to SB, SDB, WOSB, d SDVOSB concerns; and for assuring that these concerns are rece lists for solicitations for products and services they are g;yes no	
b.		ntaining bidder source lists of SB, SDB, WOSB, HUBZone, VOSB rns from all possible sources;yes no	
c.	Ensuring periodic ro	tation of potential subcontractors on bidder's lists; yes no)
d.	on the bidders' list f	DB, WOSB, HUBZone, VOSB and SDVOSB businesses are include for every subcontract solicitation for products and services that providing yes no	∌d

e.	Ensuring that Requests for Proposals (RFPs) are designed to permit the maximum practicable participation of SB, SDB, WOSB, HUBZone, VOSB and SDVOSB concerns yes no
f.	Reviewing subcontract solicitations to remove statements, clauses, etc., which might tend to restrict or prohibit small, 8(a), SDB, WOSB, HUBZone, VOSB and SDVOSB small business participation yes no
g.	Accessing various sources for the identification of SB, SDB, WOSB, HUBZone, VOSB and SDVOSB concerns to include the Central Contractor Registration (http://www.ccr.gov/), local small business and minority associations, local chambers of commerce and Federal agencies' Small Business Offices; yes no
h.	Establishing and maintaining contract and subcontract award records; yes no
i.	Participating in Business Opportunity Workshops, Minority Business Enterprise Seminars, Trade Fairs, Procurement Conferences, etc; yes no
j.	Ensuring that SB, SDB, WOSB, HUBZone, VOSB and SDVOSB concerns are made aware of subcontracting opportunities and assisting concerns in preparing responsive bids to the company; $__$ yes $__$ no
k.	Conducting or arranging for the conduct of training for purchasing personnel regarding the intent and impact of Section 8(d) of the Small Business Act, as amended; yes no
I.	Monitoring the company's subcontracting program performance and making any adjustments necessary to achieve the subcontract plan goals;yes no
m	Preparing and submitting timely, required subcontract reports; yes no
n.	Conducting or arranging training for purchasing personnel regarding the intent and impact of 8(d) of the Small Business Act on purchasing procedures; yes no
Ο.	Coordinating the company's activities during the conduct of compliance reviews by Federal agencies; and yes no
p.	Other duties:

4. Equitable Opportunity

Describe efforts the offeror will undertake to ensure that SB, SDB, WOSB, HUBZone, VOSB and SDVOSB concerns will have an equitable opportunity to compete for subcontracts. These efforts include, but are not limited to, the following activities:

- a. Outreach efforts to obtain sources:
 - 1. Contact minority and small business trade associations; 2) contact business development organizations and local chambers of commerce; 3) attend SB, SDB, WOSB, HUBZone, VOSB and SDVOSB procurement conferences and trade fairs; 4) review sources from the Central Contractor Registration (http://www.ccr.gov/); 5) review sources from the Small Business Administration (SBA), Central Contractor Registration (CCR); 6) Consider using other sources such as the National Institutes of Health (NIH) e-Portals in Commerce, (e-PIC), (http://epic.od.nih.gov/). The NIH e-PIC is not a mandatory source; however, it may be used at the offeror's discretion; and 7) Utilize newspaper and magazine ads to encourage new sources.
- b. Internal efforts to guide and encourage purchasing personnel:
 - 1. Conduct workshops, seminars and training programs;
 - 2. Establish, maintain, and utilize SB, SDB, WOSB, HUBZone, VOSB and SDVOSB source lists, guides, and other data for soliciting subcontractors; and
 - 3. Monitor activities to evaluate compliance with the subcontracting plan.

Additional efforts:			

5. Flow Down Clause

The contractor agrees to include the provisions under FAR 52.219-8, "Utilization of Small Business Concerns," in all acquisitions exceeding the simplified acquisition threshold that offers further subcontracting opportunities. All subcontractors, except small business concerns, that receive subcontracts in excess of \$650,000 (\$1,500,000 for construction) must adopt and comply with a plan similar to the plan required by FAR 52.219-9, "Small Business Subcontracting Plan." Note: In accordance with FAR 52.212-5(e) and 52.244-6(c) the contractor is not required to include flow-down clause FAR 52.219-9 if it is subcontracting commercial items.

6. Reporting and Cooperation

The contractor gives assurance of 1) cooperation in any studies or surveys that may be required; 2) submission of periodic reports which illustrate compliance with the subcontracting plan; 3) submission of its Individual Subcontracting Report (ISR) and Summary Subcontract Report (SSR); and 4) subcontractors submission of ISRs and SSRs. ISRs and SSRs shall be submitted via the Electronic Subcontracting Reporting System (eSRS) website https://esrs.symplicity.com/index?tab=signin&cck=1

Reporting Period	Report Due	Due Date
Oct 1 - Mar 31	ISR	4/30
Apr 1 - Sept 30	ISR	10/30
Oct 1 - Sept 30	SSR	10/30
Contract Completion	Year End SDB Report	30 days after completion

Please refer to FAR Part 19.7 for instruction concerning the submission of a Commercial Plan: SSR is due on 10/30 each year for the previous fiscal year ending 9/30.

- a. Submit ISR (bi-annually) for the awarding Contracting Officer's review and acceptance via the eSRS website.
- b. Currently, SSR (annually) must be submitted for the HHS eSRS Agency Coordinator review and acceptance via the eSRS website. (*Note:* Log onto the OSDBU website to view the HHS Agency Coordinator contact information (http://www.hhs.gov/about/smallbusiness/osdbustaff.html).

Note: The Request for Proposal (RFP) will indicate whether a subcontracting plan is required. Due to the nature and complexity of many HHS contracts, particularly the Centers for Medicare and Medicaid (CMS), the contractor may not be required to submit its subcontracting reports through the eSRS. The Contracting Officer will confirm reporting requirements prior to the issuance of an award. For more information, contact Courtney Carter, Agency Coordinator-eSRS (Courtney.Carter@hhs.gov).

7. Record keeping

FAR 19.704(a) (11) requires a list of the types of records your company will maintain to demonstrate the procedures adopted to comply with the requirements and goals in the subcontracting plan. The following is a recitation of the types of records the contractor will maintain to demonstrate the procedures adopted to comply with the requirements and goals in the subcontracting plan. These records will include, but not be limited to, the following:

- a. SB, SDB, WOSB, HUBZone, VOSB and SDVOSB source lists, guides and other data identifying such vendors;
- b. Organizations contacted in an attempt to locate SB, SDB, WOSB, HUBZone, VOSB and SDVOSB sources:
- c. On a contract-by-contract basis, records on all subcontract solicitations over \$100,000, which indicate for each solicitation (1) whether SB, SDB, WOSB, HUBZone, VOSB and/or SDVOSB concerns were solicited, if not, why not and the reasons solicited concerns did not receive subcontract awards:

d.	Records to support other outreach efforts, e.g., contacts with minority and small business trade associations, attendance at small and minority business procurement conferences and trade fairs;
e.	Records to support internal guidance and encouragement provided to buyers through (1) workshops, seminars, training programs, incentive awards; and (2) monitoring performance to evaluate compliance with the program and requirements; and
	On a contract-by-contract basis, records to support subcontract award data including the name, address, and business type and size of each subcontractor. (This is not required on a contract-by-contract basis for commercial plans.) Other records to support your compliance with the subcontracting plan: (Please describe)
8. Time	ly Payments to Subcontractors
payment	02 requires your company to establish and use procedures to ensure the timely of amounts due pursuant to the terms of your subcontracts with SB concerns, SB, HUBZone, VOSB and SDVOSB concerns.
Your com	pany has established and used such procedures: yes no
9. Desc	ription of Good Faith Effort
as subcorand econ comply U.S.C. 63	practicable utilization of SB, SDB, WOSB, HUBZone, VOSB and SDVOSB concerns of tractors in Government contracts is a matter of national interest with both social omic benefits. When a contractor fails to make a good faith effort to with a subcontracting plan, these objectives are not achieved, and 15 37(d) (4) (F) directs that liquidated damages shall be paid by the or. In order to demonstrate your compliance with a good faith effort to achieve

contracting official prior to approval of the plan.

the SB, SDB, WOSB, HUBZone, VOSB and SDVOSB small business subcontracting goals, outline the steps your company plans to take. These steps will be negotiated with the

SI GNATURE PAGE

Signatures Required:

This subcontract	ing plan was submitted by:	
Signature:		
Typed/Print Name:		
Title:		
Date:		
This plan was rev	viewed by:	
Signature:		
Typed/Print Name:		
Title:	Contracting Officer	Date:
This plan was rev	viewed by:	
Signature:		
Typed/Print Name:		
Title:	HHS Small Business Specialist	Date:
This plan was rev	viewed by:	
Signature:		
Typed/Print Name:		
Title:	Small Business Administration Pro	curement Center Representative
Date:		
This plan was ap	proved by:	
Signature:		
Typed/Print Name:		
Title:	Contracting Officer	Date: