Solicitation Number: Street Address: Contractor's Tax ID Number: Email Address: Email Address: Project Name: Address: Project Descriptions: Project Descriptions: Clast and Subcontractor at any tier that will be awarded a subcontract Value value subcontract Value subcontract Value value subcontract Value value subcontract Value value subcontract Value valu							CTING F			Page 1 of 2		
Duration of the Plan: From	Street Address: City & Zip Code: : Phone Number:	:		So Co	Contractor's Tax ID Number:							
Address:	Email Address:					4-						
Amount of Contract (excluding the cost of materials, goods, supplies and equipment) \$ Amount of all subcontracts.\$ LSDBE Total:\$												
Amount of all Subcontracts.\$ LSDBE Subcontract Value	Address:			Am	Amount of Contract (excluding the cost of							
(List each subcontractor at any tier that will be awarded a subcontract to meet your total set aside goal.) CONTRACTOR INFORMATION: (use continuation sheet for additional subcontracts) Name	Project Descriptions:					Am						
Address & Telephone No.			<u> </u>	LS	LSDBE Total:\$equals%							
Name Address & Telephone No. Type of Work NIGP Code(s) Description of Work	•			-					-	al set aside goal.)		
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Percentage of Total Set Aside Amount:	INATITE		Addres	ss & relepti	one No.	Туре	OI WOIK		NIGF Code(s)	Description of Work		
LSDBE Certification Number: Certification Status: (check all that apply) SBE: LBE: DBE: DZE: ROB: LRB: Email Address: 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 subcontract will adopt a subcontracting plan similar to the subcontracting plan required by the contract; c. Assurances that the prime contractor will ensure 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: Date: Title: Date: Date:				'			Point of Contact:					
Certification Status: (check all that apply) SBE: LBE: DBE: DZE: ROB: LRB: Email Address: 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 dopt a subcontracting plan similar to the subcontracting plan 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 prome 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 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: ()	Percentage of Total Set	%	Tier: :	, 2 nd , 3rd			Contact Telephone Number:					
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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 equired 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 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: Signature: Telephone Number: (Print) Telephone Number: (Print) Telephone Number: (Print) Telephone Number: (Print) Total CO, that the prime contractor will make such records available for review upon the District's request; and e. Signature: Title: Date: Date:	052: 252: 552: 522: 1						B: LRB: Email Address:					
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Date

Signature

Name of CO

(SUBCONTRACTORS LIST CONTINUED)

Page 2 of 2

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

SUBCONTRACTOR IN											
Name	Addr	ess & Tele	phone No.	7	Type of Work	(NIGP Code(s)	Description of Work			
Total Amount Set Aside: \$				Point of Contact:							
Percentage of Total Set A	side Amo	ount :	%	Name (Print) Contact Telephone Number:							
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LSDBE Certification Numb	er:				Fax Number:						
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SUBCONTRACTOR IN											
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