

Subcontracting Participation Plan for Small and Historically Underutilized Businesses
(Template)

(To be submitted by Design/Builder)

(Contractor's Name)

(Address)

(Project Name/Location)

(Date Prepared)

Plan submitted by:

Signature: _____ Date: _____

Printed name: _____

Title: _____

Reviewed by:

Contract Specialist: _____ Date: _____

Outreach Representative: _____ Date: _____

Campus Project Manager: _____ Date: _____

Accepted by:

Vice Chancellor of Facilities Management _____ Date: _____

Subcontracting Plan for Participation of Small & Historically Underutilized Businesses

The following, together with any attachments, is submitted as Design Builder's Subcontracting Plan for Small and Historically Underutilized Businesses as defined in the San Diego Community College District's (SDCCD) Contractor Outreach Program. The Plan should provide clear rationale of Design Builder's proposed outreach efforts and goals, and demonstrate commitment to the San Diego Community College District's Small Contractor Outreach Program. (See <http://public.sdccdprops-n.com/Contractors/Pages/Outreach.aspx>.) Attach additional pages if needed.

Section 1

The following goals are established for the proposed Design Build project:

1. A. Total Contract Value: \$ _____

B. Total Subcontracted \$ _____ % of 1.A.

(This figure represents all planned subcontracting to all businesses, regardless of size.)

C. Total Subcontracted to Small/Historically Underutilized Businesses

\$ _____ % of 1.B, above.

(This figure represents total planned subcontracting dollars under this contract that will go to subcontractors, professional service providers or vendors/suppliers who are small or historically underutilized business concerns, including SBE, DBE, MBE, WBE and DVBE businesses.)

Section 2

2. The following dollars and percentage goals are applicable to the project cited above.

A. Disadvantaged Business Enterprise (DBE) \$ _____ % of 1.B.

(This number represents total planned subcontracting dollars under this contract that will go to subcontractors/professional service providers who meet State/Federal definitions for DBE)

B. Minority Business Enterprise (MBE) \$ _____ % of 1.B.

(This number represents total planned subcontracting dollars under this contract that will go to subcontractors/professional service providers who meet State/Federal definitions for MBE)

C. Disabled Veteran Business Enterprise (DVBE) \$ _____ % of 1.B.

(This number represents total planned subcontracting dollars under this contract that will go to subcontractors/professional service providers who meet State/Federal definitions for DVBE)

D. Woman Business Enterprise (WBE) \$ _____ % of **1.B.**

(This number represents total planned subcontracting dollars under this contract that will go to subcontractors/professional service providers who meet State/Federal definitions for WBE)

E. Small Business Enterprise (SBE) \$ _____ % of **1.B.**

(This number represents total planned subcontracting dollars under this contract that will go to subcontractors/professional service providers who meet State/Federal definitions for SBE)

F. Other Business Enterprise \$ _____ % of **1.B.**

(This number represents total planned subcontracting dollars under this contract that will go to subcontractors/professional service providers who do not have a certification as a small or historically underutilized business.)

Section 3

3. Please detail your planned commitment to subcontracting by small and historically underutilized business concerns. For each firm listed, please include a copy of current S/D/M/W/DVBE certification(s) and a copy of the SDCCD Certification Verification form, available at <http://public.sdccdprops-n.com/Contractors/ContractorsDoc/SDCCDCertificationForm.pdf>. To assure an understanding of the District’s approved certifying agencies, please review the agency directive available at http://public.sdccdprops-n.com/Contractors/ContractorsDoc/ACAP_Directive.pdf.

a. Trades, professional services or products planned for subcontracting to **Disadvantaged Business Enterprise (DBE)**:

OR list DBE firm commitments below, attaching copies of current certification(s) and the SDCCD Certification Verification Form:

Name of Firm	Services or Products	Certification #/Agency	Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. Trades, professional services or products planned for subcontracting to **Disabled Veteran Business Enterprise (DVBE)**:

OR list DVBE firm commitments below, attaching copies of current certification(s) and the SDCCD Certification Verification Form:

Name of Firm	Services or Products	Certification #/Agency	Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c. Trades, professional services or products planned for subcontracting to **Minority Business Enterprise (MBE)**:

OR list MBE firm commitments below, attaching copies of current certification(s) and the SDCCD Certification Verification Form:

Name of Firm	Services or Products	Certification #/Agency	Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d. Trades, professional services or products planned for subcontracting to **Women Business Enterprise (WBE)**:

OR list WBE firm commitments below, attaching copies of current certification(s) and the SDCCD Certification Verification Form:

Name of Firm	Services or Products	Certification #/Agency	Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

e. Trades, professional services or products planned for subcontracting to **Small Business Enterprise (SBE)**:

OR list SBE firm commitments below, attaching copies of current certification(s) and the SDCCD Certification Verification Form:

Name of Firm	Services or Products	Certification #/Agency	Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

f. Trades, professional services or products planned for subcontractors representing other business concerns:

OR list firm commitments below:

Name of Firm	Services or Products
_____	_____
_____	_____
_____	_____
_____	_____

Section 4

4.a. Please describe strategies your firm employs to address historical barriers to bidding effectively, including bonding and contract financing, for small and historically underutilized firms.

4.b. Please describe strategies your firm employs to identify and subcontract with diverse firms beyond readily-available SBEs.

Section 5

5. a. Describe the internal and external activities your firm has undertaken in the last year to address *contracting diversity* on your projects:

b. Describe the internal and external activities your firm has undertaken in the last year to address *workforce diversity* on your projects:

c. Describe resources your firm has used to identify S/D/M/W/DVBEs in San Diego County, and how you used these resources to determine the subcontracting plan goals and firm commitments described in Section 3, above:

d. If your firm maintains a database of prequalified firms, what percentage of the firms meet the following criteria?

Certified DBE _____%	Certified MBE _____%	Certified WBE _____%
Certified DVBE _____%	Certified SBE _____%	Other _____%

What is the volume of your database? _____

Section 6

6. Past Performance

a. Please identify a project completed in California within the last three years that had mandatory participation goals for small and underutilized businesses. Previous projects completed with the SDCCD may not be included.

Project #1: _____ Budget: _____

Owner: _____

Date started/completed: _____

Participation Goals, Outcomes, and Subcontracted Amount:

SBE: ___/___/\$_____ DBE: ___/___/\$_____ MBE: ___/___/\$_____

WBE: ___/___/\$_____ DVBE: ___/___/\$_____

Description of key strategies used to achieve outcomes:

Please provide any available letters/documents verifying the achievements reported for the project listed above and reference and contact information.

Point of Contact

Name/Title: _____

Phone #: _____

b. Please identify a project completed in California within the last three years that best demonstrates your team’s ability to assure a diverse pool of subcontractors. Please do not list SDCCD projects or include projects listed in 6.a. above.

Project #1: _____ Budget: _____

Owner: _____

Date started/completed: _____

Bid Participation Outcomes, and Subcontracted Amount:

SBE: _____/\$_____ DBE: _____/\$_____ MBE: _____/\$_____

WBE: _____/\$_____ DVBE: _____/\$_____

Description of efforts that contributed to your success:

Please provide any available letters/documents verifying the achievements reported for the project listed above and reference and contact information.

Point of Contact

Name/Title: _____

Phone #: _____

c. Please list the names of at least four certified S/D/M/W/DVBEs that your firm has contracted with in the last three years, including project and service(s) provided. Please also include copies of current certifications and the SDCCD Certification Verification Form.

Name of Firm	Project	Service(s)	Certification #/Agency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 7

7. The following Design Builder employee will administer the Subcontracting Plan for Small and Historically Underutilized Businesses:

NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

EMAIL: _____

The administrator is responsible for the development, preparation and execution of this subcontracting plan, and for monitoring performance relative to contractual subcontracting requirements contained in this plan.

Section 8

8. Please include all materials relevant to the Subcontracting Plan, including supplemental materials, certification documentation and copies of the Certification Verification Forms, a Company Commitment narrative, Executive Summary, or other materials within this section. Please include these supplemental materials as part of the Subcontracting Plan and not in an Appendix. If supplemental materials are submitted for review, please list. Use additional pages as needed.

A. _____

B. _____

C. _____

D. _____

E. _____