# ATTACHMENT J.9 SUBCONTRACTING PLAN

PRIME CONTRAC	CTOR INFORMATION:	
Company:	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	

#### (List each subcontractor at any tier that will be awarded a subcontract to meet your total set aside goal.) SUBCONTRACTOR INFORMATION: (use continuation speet for additional subcontracts)

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Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work
Total Amount Set Aside: \$		Point of Contact: Name (Print)		
Percentage of Total Set Asia	te Amount :% Tier	:: : 1 <sup>st</sup> , 2 <sup>nd</sup> , 3rd	Contact Telepho	
LSDBE Certification Numbe	r:		Fax Number:	
Certification Status: S (check all that apply)	BE: LBE: DBE: DZ	E: 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 contracting officer, 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 contracting officer, and submit periodic reports, as requested by the contracting officer, 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:

Fax Number: ( )	(Print) 		Signature: Title: Date:				
FOR CONTRACTING OFFICER USE ONLY							
Date Plan Received by Cont	tracting Officer:						
Report: Acceptable	Not Acceptable	Contra	ct Number:		_		
Name & Title of Contracting	Officer	Signat	ture	Date	-		

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## (SUBCONTRACTORS LIST CONTINUED)

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SUBCONTRACTOR Name			phone No.		Type of Worl			NIGP Code(s)	Description of Work	
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Certification Status:	SBE:	LBE:	DBE:	DZ	E: ROB:	LRB:	1			
(check all that apply)										
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Certification Status:	SBE:	LBE:	DBE:	DZ	E: ROB:	LRB:	1			
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Certification Status:	SBE:	LBE:	DBE:	DZ	E: ROB:	LRB:	1			
(check all that apply)										
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(check all that apply)	JDE.	LDE.	DDE.	DZ		LND.		Email Address:		