

**Proposal Submission**  
**Small Business Participation**

**All offerors, both Small and Large Business, are required to submit Small Business Participation Proposals as follows:**

Offeror's Name \_\_\_\_\_  
Company Size: \_\_\_\_\_ Small Business (SB) \_\_\_\_\_ Large Business (LB)  
Company Status: (IF): \_\_\_\_\_ SB, \_\_\_\_\_ Historically Underutilized  
Business Zone Small Business (HUBZone SB), \_\_\_\_\_ Small Disadvantaged  
Business (SDB) \_\_\_\_\_ Woman-Owned Small Business (WOSB) \_\_\_\_\_ Historically  
Black College and University/Minority Institution (HBCU/MI) \_\_\_\_\_ Veteran  
Owned Small Business (VOSB) or \_\_\_\_\_ Service Disabled Veteran Owned Small  
Business (SDVOSB)

Total Estimated Value of Proposed Contract: \$ \_\_\_\_\_  
Total Estimated Value of Subcontracts: \$ \_\_\_\_\_

**Dollar Value of Subcontracts planned for all:**

SBs: \$ \_\_\_\_\_

Company name(s) \_\_\_\_\_

HUBZone SBs: \$ \_\_\_\_\_

Company name(s) \_\_\_\_\_

SDBs: \$ \_\_\_\_\_

Company name(s) \_\_\_\_\_

WOSBs: \$ \_\_\_\_\_

Company name(s) \_\_\_\_\_

HBCU/MIs: \$ \_\_\_\_\_

Institution name(s) \_\_\_\_\_

VOSBs: \$ \_\_\_\_\_

Company name(s) \_\_\_\_\_

SDVOSBs \$ \_\_\_\_\_

Company name(s) \_\_\_\_\_

**Percentages of Contract Value subcontracted for all:**

SB: % \_\_\_\_\_

HUBZone SB: % \_\_\_\_\_

SDB: % \_\_\_\_\_

WOSB: % \_\_\_\_\_

HBCU/MI: % \_\_\_\_\_

VOSB % \_\_\_\_\_

SDVOSB% \_\_\_\_\_

**For SBs, HUBZone SBs, SDBs, WOSBs, VOSB, or SDVOSB – Offeror's percentage of contract value you will perform at the prime contract level:**

% \_\_\_\_\_

**Principle supplies/services to be subcontracted to:**

**SB:** \_\_\_\_\_

**HUBZone SB:** \_\_\_\_\_

**SDB:** \_\_\_\_\_

**WOSB:** \_\_\_\_\_

**HBCU/MI:** \_\_\_\_\_

**VOSB:** \_\_\_\_\_

**SDVOSB:** \_\_\_\_\_

**Principle supplies/services you will be providing at the prime contractor level (in house):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**During the *past three calendar years*, provide the following:**

**Description of your methods employed to promote the use of SBs, HUBZone SBs, SDBs, WOSBs, HBCU/MI's, VOSBs, and SDVOSBs:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Description of the internal methods used to monitor your utilization of the above (database mgmt, reports, etc.):**

\_\_\_\_\_

\_\_\_\_\_

**NOTE: The percent of contract value for the small business subcontracting/participation shall be based on the minimum guaranteed quantity only.**

**IF OFFEROR IS A LARGE BUSINESS, AN ADDITIONAL EVALUATION OF PAST PERFORMANCE OVER THE PAST THREE CALENDAR YEARS IN COMPLYING WITH THE REQUIREMENTS OF FAR 52.219-9, SMALL BUSINESS SUBCONTRACTING PLAN, WILL BE MADE. INCLUDE DOCUMENTATION OF ACCOMPLISHMENTS AGAINST GOALS ESTABLISHED UNDER SUBCONTRACTING PLANS OF PRIOR CONTRACTS.**