

TACOM RI

Proposal Submission for Small Business Participation

To aid in your Small Business (SB) Participation submission, the following may be completed and returned as part of your proposal. All offerors, **both small and large business offerors**, are required to submit a SB Participation proposal. Assistance in completing this form may be found at the TACOM RI SB Office Home Page at: <http://tri.army.mil/SB/RB.htm>

Solicitation: _____

Offeror's Name _____

Company Size (mark one): _____ SB, _____ Large Business (LB)

Company Status (mark appropriate block(s)):

- _____ Small Business (SB)
- _____ Historically Underutilized Business Zone Small Business (HUBZone SB)
- _____ Small Disadvantaged Business (SDB)
- _____ Woman-Owned Small Business (WOSB)
- _____ Veteran-owned Small Business (VOSB)
- _____ Service-Disabled Veteran-Owned Small Business (SDVOSB)
- _____ Historically Black College and University/Minority Institution(HBCU/MI)

· **Total estimated value of proposed contract:** \$ _____

This amount should be calculated as follows:

- Your SB Subcontract dollars PLUS
- + Your In-House dollars PLUS
- + Your Large Business Subcontract Dollars EQUALS
- = Total Estimated Value of Proposed Contract

· **Total estimated value of all subcontracts:** \$ _____

· **Total estimated value of all SB subcontracts:** \$ _____

(For LB offerors, your "Total estimated value of SB subcontract dollars" will be divided by your "Total estimated value of proposed contract dollars" to obtain the Percentage of SB utilization for the entire contract. For SB offerors, that percentage will be added to your estimated in-house performance to obtain the total percentage of SB utilization for the entire contract.)

SB Offerors: What is the total contract percentage you will perform at the prime contract level (your in-house performance): _____%

When addressing the following "Proposed" SB Participation entries, include SB firms on each and all lines/categories applicable to the firm, i.e. a WOSB would be entered on both the SB Company line and the WOSB line; a HUBZone SDB firm would be entered on the SB, HUBZone and SDB lines, etc.

Proposed SB Participation:

<u>SB Company name(s):</u>	<u>SB Products/Services</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total SB Dollars: \$ _____

<u>VOSB Company name(s)</u>	<u>VOSB Products/Services</u>
_____	_____
_____	_____

Total VOSB Dollars: \$ _____

<u>SDVOSB Company Name(s)</u>	<u>SDVOSB Products/Services</u>
_____	_____
_____	_____

Total SDVOSB Dollars: \$ _____

<u>HUBZone SB Company Name(s)</u>	<u>HUBZONE SB Products/Services</u>
_____	_____

Total HUBZone SB Dollars: \$_____

SDB Company Name(s)

SDB Company Products/Services

Total SDB Dollars: \$_____

WOSB Company Name(s)

WOSB Company Products/Services

Total WOSB Dollars: \$_____

HBCU/MI Name(s)

HBCU/MI Products/Services

Total HBCU/MI Dollars: \$_____

SB Offerors only: Provide the principle supplies/services you will be providing at the prime contractor level (in house):

All Offerors: Provide a description of your methods employed to promote the use of SBs, VOSBs, SDVOSBs, HUBZone SBs, SDBs, WOSBs, and HBCU/MI's for the past three years:

All Offerors: Provide a description of the internal methods used to monitor the usage of SBs, VOSBs, SDVOSBs, HUBZone SBs, SDBs, WOSBs, and/or HBCU/ MI 's for the past three years:

All Offerors: Describe the available documentation maintained for the past three years in complying with FAR 52.219-8:

Large Business Offerors: Describe the available documentation maintained for the past three years in complying with FAR 52.219-9:

Large Business offerors must provide additional information addressing past, **three-year**, compliance with FAR 52.219-9, SB Subcontracting Plan. Furnish both your past SB goals and your accomplishment toward each SB goal as follows:

<u>Subcontract Goals</u>	<u>200 *</u>	<u>200 *</u>	<u>200 *</u>
(Your) SB Goal:	_____	_____	_____
(Your) SB Accomplishment:	_____	_____	_____
(Your) SDB Goal:	_____	_____	_____
(Your) SDB Accomplishment:	_____	_____	_____
(Your) HUBZone Goal:	_____	_____	_____
(Your) HUBZone Accomplishment:	_____	_____	_____
(Your) WOSB Goal:	_____	_____	_____
(Your) WOSB Accomplishment:	_____	_____	_____
(Your) VOSB Goal:	_____	_____	_____
(Your) VOSB Accomplishment:	_____	_____	_____
(Your) SDVOSB Goal:	_____	_____	_____
(Your) SDVOSB Accomplishment:	_____	_____	_____

* Insert past, three-year period, i.e. 2003, 2002, 2001.
