

Proposal Submission for Small Business Participation

ATTACHMENT 013
SOLICITATION NUMBER
W52H09-04-R-0187

NOTE TO OFFERORS: To aid in submission of the Small Business Participation evaluation factor, the following may be completed and returned as part of your proposal.

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

Offeror's Name _____

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

Company Status (mark appropriate block(s)):

- _____ 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)
_____ Service-Disabled Veteran-Owned Small Business (SDVOSB)

Total estimated value of proposed contract for the estimated Order Quantity Range of 1000 – 2499 for Ordering Period 1: \$ _____

Total estimated value of subcontracts for the estimated Order Quantity Range of 1000 – 2499 for Ordering Period 1: \$ _____

Dollar value subcontracted to LB for the estimated Order Quantity Range of 1000 – 2499 for Ordering Period 1: \$ _____

Dollar value of subcontracts planned for the estimated Order Quantity Range of 1000 – 2499 for Ordering Period 1: SBs:

SB Company name(s):

HUBZone SBs:

\$ _____

HUBZone SB Company name(s):

SDBs:
\$ _____

SDB Company name(s):

WOSBs: \$ _____

WOSB Company names(s):

HBCU/MIs:
\$ _____

HBCU/MIs name(s):

VOSBs \$: _____

VOSB name(s): _____

SDVOSBs \$: _____

SDVOSB name(s): _____

Percentages of contract value subcontracted for all:

SB: % _____

HUBZone SB: % _____

SDB: % _____

WOSB: % _____

HBCU/MI: % _____

VOSB: % _____

SDVOSB: % _____

For SBs, VOSBs, SDVOSBs, HUBZone SBs, SDBs, or WOSBs – 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/MIs: _____

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, VOSBs, SDVOSBs, HUBZone SBs, SDBs, WOSBs, and HBCU/MI's

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

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.

