**HHS SUBCONTRACTING PLAN REVIEW FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| OSDBU Control No.:  | Multiple Awards? | Yes: **[ ]**  | No: **[ ]**   |  | (If yes, attach a copy of each subcontracting plan/review form) |
|  | **PROJECT INFORMATION** |
| Solicitation/Contract No.:  | MOD No. (If applicable):  |
| Title of Acquisition:  |
| Contractor’s Name:  |
| Period of Performance: |  | Total Contract Amount (including options): | $  |
| Total Modification Amount: (if applicable) | $  | Base Period (if there are options): | $  |
| Option 1 (if applicable): | $  | Option 2 (if applicable): | $  |
| Option 3 (if applicable): | $  | Option 4 (if applicable): | $  |
| FAR 52.217-8 (if applicable):  | $  |  |
| Contracting Officer/Specialist Name:  | Tel & Fax:  |
| OPDIV/Division/Branch (including location):  | Email:  |
| **SUBCONTRACT PLAN REQUIREMENTS** |
| **1. Type of Plan (check one):** | **Individual** **[ ]  \*Master (**Addendum**)** **[ ]  Commercial** **[ ]** \*When Master is checked, Individual must also be checked and submission must include both. |
| (A=Acceptable; U=Unacceptable) | **% of Total Contract $** | **CO** | **SBS** | **SBA****PCR** |
| **2. Subcontracting Goal Data: (FAR19.702(a)(1-3) & FAR 52.219-9(d)(1))**  | If required by CO | A | U | A | U | A | U |
| For Individual Plans complete a(1): **(FAR 52.219-9(d)(2)(i))**a(1). Total dollars planned to be subcontracted for an individual subcontracting plan: | For Individual Plan | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| $  =2b+2h**or**For Commercial Plans complete a(2): **(FAR 52.219-9(d)(2)(i))**a(2). Total projected sales, expressed in dollars:$ **&** Total value of projected subcontracts to  support the sales for a commercial plan: $ =2b+2h | % |  |  |  |  |  |  |
| b. Total dollars planned to be subcontracted to small business concerns (including ANC and Indian tribes)- [Percentage of 2a.]: **(FAR 52.219-9(d)(2)(ii))** |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| $  | and  |   % | % |  |  |  |  |  |  |
| c. Total dollars planned to be subcontracted to veteran-owned small business concerns- [Percentage of 2.a.]: **(FAR 52.219-9(d)(2)(iii))**  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| $  | and |  % | % |  |  |  |  |  |  |
| d. Total dollars planned to be subcontracted to service-disabled veteran-owned small business - [Percentage of 2.a.]: **(FAR 52.219-9(d)(2)(iv))** |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| $  | and |    % | % |  |  |  |  |  |  |
| e. Total dollars planned to be subcontracted to HUBZone small business concerns - [Percentage of 2.a.]: **(FAR 52.219-9(d)(2)(v))** |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| $  | and |    % | % |  |  |  |  |  |  |
| f. Total dollars planned to be subcontracted to small disadvantaged business concerns (including ANCs and Indian tribes) - [Percentage of 2.a.]: **(FAR 52.219-9(d)(2)(vi))** |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| $  | and |   % | % |  |  |  |  |  |  |
| g. Total dollars planned to be subcontracted to women-owned small business concerns- [Percentage of 2.a.]: **(FAR 52.219-9(d)(2)(vii))** |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| $  | and |    % | % |  |  |  |  |  |  |
| h. Total Subcontracting Dollars & Percentage with “Other” than Small Businesses (i.e., large companies, non profits, etc.) [Percentage of 2.a.]: **(HHS OSDBU)**  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| $  | and |    % | % |  |  |  |  |  |  |
| i. Subcontracting Opportunities (description of all principal products/services to be subcontracted to all types of concerns listed in 2.b.-2.f.) **(FAR 52.219-9(d)(3))** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| j. Methodology used to develop goals & identify potential sources (e.g. historical trends, information on technical and competitive bidding, formula for calculating goals, etc.) **(FAR 52.219-9(d)(4-5))** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| k. A statement as to whether or not the Offeror included indirect costs in establishing subcontracting goals, and a description of the method used to determine the proportionate share of indirect costs to be incurred with all types of concerns listed in 2.b.-2.f. **(FAR 52.219-9(d)(6))** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 3. Subcontracting Plan Administrator’s Name (Contractor): **(FAR 52.219-9(d)(7))**  Description of the duties of the individual:   | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4. Description of efforts to ensure the Small Businesses (incl. SDB, WOSB, HUBZone, SDVOSB) have an equitable opportunity to compete for subcontracts: **(FAR 52.219-9(d)(8))** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5. Assurances that the Offeror will include the clause of this contract entitled “Utilization of Small Business Concerns” in all subcontracts that offer further subcontracting opportunities, and that the Offeror will require all subcontractors (except small business concerns) that receive subcontracts in excess of $700,000 ($1.5 million for construction of any public facility) with further subcontracting possibilities to adopt a subcontracting plan that complies with the requirements of this clause: **(FAR 52.219-9(d)(8))** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6. Reporting and Cooperation: **(FAR 52.219-9(d)(10))** |  |  |  |  |  |  |
|   | a. Agreement to submit required reports | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | b. Agreement to cooperate in studies and surveys | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7. Record keeping: **(FAR 52.219-9(d)(11))** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8. Assurances that the Offeror will make a good faith effort to acquire articles, equipment, supplies, services, or materials, or obtain the performance of construction work from the small business concerns that it used in preparing the bid or proposal, in the same or greater scope, amount, and quality used in preparing and submitting the bid or proposal.: **(FAR 52.219-9(d)(12))** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 9. Assurances that the Contractor will provide the Contracting Officer with a written explanation if the Contractor fails to acquire articles, equipment, supplies, services, construction or materials within 30 days of contract completion.: **(FAR 52.219-9(d)(13))** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 10. Assurances that the Contractor will not prohibit a subcontractor from discussing with the Contracting Officer any material matter pertaining to payment to or utilization of a subcontractor; and notify the contracting officer when the prime contractor makes either a reduced or an untimely payment to a small business subcontractor: **(FAR 52.219-9(d)(14))** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 11. Assurances of Timely Payments to Subcontractors: **(FAR 52.219-9(d)(15))** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **CONTRACTING OFFICER DETERMINATION, OSDBU SMALL BUSINESS SPECIALIST AND SBA PCR RECOMMENDATION****(Y = Yes, N = No)** | **CO** | **SBS** | **SBA****PCR** |
| Y | N | Y | N | Y | N |
| 1. The proposed plan meets the requirements of FAR 19.704.  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  2. In accordance with 19.705-4, past performance has been considered when determining acceptability of this plan. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  3. The proposed plan requires an additional pre-award review. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **HHS OPDIV Contracting Officer Signature** |
| Contracting Officer: |   | Date: |   |
| Additional Comments:  |
|  |
|   |
| **HHS OSDBU SBS Signature** |
| Small Business Specialist: |   | Date: |   |
| COMMENTS: If any elements are determined to be unacceptable, summarize below:  |
|   |
| **SBA PCR Signature** |
| SBA PCR: |   | Date: |   |
| COMMENTS: If any elements are determined to be unacceptable, summarize below:  |
| **HHS SUBCONTRACTING PLAN REVIEW FORM INSTRUCTIONS** |
| **OSDBU Control No**.: Insert the control number from the HHS 653 which was assigned by the SBS.**Multiple Awards**: indicate as appropriate. If yes, attach a copy of each subcontracting plan.**PROJECT INFORMATION:*** Solicitation/Contract No.: Enter the assigned RFP or Contract Number.
* Modification: Identify the modification number for the contract, if applicable.
* Title of Acquisition: Enter the item/service description or project title.
* Contractor’s Name: Enter Successful Offeror/Contractor’s name.
* Period of Performance: Enter the estimated performance period, including all options, in the following format (mm/dd/yy – mm/dd/yy).
* Total Contract Amount: Enter the total estimated dollar value of the contract, including all options & modifications.
* Total Modification Amount: (if applicable.)
* Base Period & Options 1 through Option 4: Complete these boxes if options are part of the contract.
* CO/CS Contact Information: Enter Contracting Officer/Specialist‘s Name, OPDIV, Building, Room, Telephone, and Fax and e-mail.

**SUBCONTRACTING PLAN REQUIREMENTS (ITEMS 1 – 9)**1. Enter type of plan: individual, master or commercial. 2. For each of the sub-items 2.a. through 2.k., the CO must review the plan & determine if the requirement is acceptable or unacceptable. For each of the sub-items 2.b. through 2.h., the CO shall include the subcontracting dollars & percentage for the category. In calculating percentage, use the subcontracting dollars for the sub-item as the numerator & the total subcontracting dollars for the contract as the denominator. (i.e. 2.b. divided by 2.a. = % for 2.b.) 3. through 10.: the CO must review the plan & determine if the requirements are acceptable or unacceptable.**CONTRACTING OFFICER DETERMINATION, OSDBU SMALL BUSINESS SPECIALIST & SBA PCR RECOMMENDATION (ITEMS 1 – 3)**1. The CO must review the plan to determine if it meets the requirements in FAR 19.7.2. Indicate whether past performance had been considered when determining acceptability of plan.3. Indicate whether plan requires further pre-award review. | **SIGNATURES*** The CO who has the authority to bind the government will make a determination, sign and date.
* The HHS SBS will sign and date the review form and the subcontracting plan signature page if acceptable. During the plan review, the SBS may require additional input from the CO and/or contractor. The SBS may also include comments regarding the plan as necessary.
* The SBA PCR shall sign and date the review form & the subcontracting plan signature page if acceptable. Concurrence or non-concurrence of the acquisition method determined by the CO. The SBA PCR may also include comments regarding the plan as necessary.

**NOTE:** In order for the HHS Small Business Specialist to conduct a comprehensive review of each plan, at a minimum, the documentation forwarded by the CO should include:1. A completed HHS Subcontracting Plan Review Form signed by the CO.2. A completed Subcontracting Plan, using the HHS Subcontracting Plan template, signed by the offeror and the CO. **Note**: Offerors may affix a master subcontracting plan as an addendum to the HHS subcontracting plan template. Additionally, if the offeror has a commercial subcontracting plan in place, submission of their commercial subcontracting plan will satisfy this requirement. Furthermore, if the commercial subcontracting plan has already been approved, and such approval is still valid, a duplicate review will not be necessary. Lastly, please note that a contract may not have more than one subcontracting plan; however, a contracting officer may establish separate subcontracting goals for each order under an indefinite-delivery, indefinite-quantity contract (19.705-1(b)(2)).3. The Summary of Proposed Costs from the offeror’s Final Proposal Revision. 4. Any narrative, attachment or supplemental documentation to the offeror’s plan describing efforts to locate small business subcontractors, rationale for using other than small businesses as subcontractors, etc. |