CITY OF SAN ANTONIO
SUBCONTRACTOR/SUPPLIER UTILIZATION PLAN

SOLICITATION NAME: ***Medical Center Improvements Phase VIII***

RESPONDENT NAME:

SOLICITATION API: ***SBE Subcontracting Program***

API REQUIREMENTS:
Prime must demonstrate commitment to satisfy a twenty percent (20%) subcontracting goal. In the absence of a waiver granted by the Small Business Office, failure of a Prime to commit to satisfying the SBE subcontracting goal shall render its response NON-RESPONSIVE.

Section 1. Enter Respondent's (Prime) proposed contract participation level. Leave blank for revenue generating contracts.

Section 2. List ALL subcontractors / suppliers that will be utilized for the entire contract period, excluding possible extensions and renewals. Use additional sheets if necessary.

	PARTICIPATION DOLLAR AMOUNT	% LEVEL OF PARTICIPATION	CERTIFICATION TYPE AND NUMBER	TYPE OF WORK TO BE PERFORMED (BY NIGP CODE)
SECTION 1. PRIME				
Name:	$	%	#:	
SECTION 2. SUBCONTRACTOR(s):				
1.Name:	$	%	#:	
2. Name:	$	%	#:	
3. Name:	$	%	#:	
4. Name:	$	%	#:	
5. Name:	$	%	#:	
6. Name:	$	%	#:	
Total Prime Participation:	$	%	#:	
Total Sub Participation:	$	%	#:	
Total Prime & Sub Participation:	$	%	#:	
Total Certified Sub Participation:	$	%	#:	

If a business is not certified, please call the Small Business Program Office at (210) 207-3900 for information and details on how subcontractors and suppliers may obtain certification.

I HEREBY AFFIRM THAT I POSSESS DOCUMENTATION FROM ALL PROPOSED SUBCONTRACTORS/SUPPLIERS CONFIRMING THEIR INTENT TO PERFORM THE SCOPE OF WORK FOR THE PRICE INDICATED ABOVE. I FURTHER AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE THAT, IF AWARDED THE CONTRACT, THIS DOCUMENT SHALL BE ATTACHED THERETO AND BECOME A BINDING PART OF THE CONTRACT.

_____

SIGNATURE OF AUTHORIZED AGENT

_____

TITLE

_____ _____

DATE **PHONE**

****

FOR CITY USE

Action Taken: **Approved**_____ **Denied**_____

_____

DIRECTOR
ECONOMIC DEVELOPMENT DEPARTMENT