CITY OF SAN ANTONIO
ECONOMIC DEVELOPMENT
DEPARTMENT

# CITY OF SAN ANTONIO
# SUBCONTRACTOR/SUPPLIER UTILIZATION PLAN

SOLICITATION NAME: ***Espada Road - (IH - 410 to Ashley Road)***

RESPONDENT NAME:

SOLICITATION API: ***Minority/Women Business Enterprise (M/WBE) Subcontracting Program & African American Business Enterprise (AABE) Subcontracting Program***

API REQUIREMENTS: Respondents must demonstrate commitment to satisfy a ***seventeen percent (17%) M/WBE subcontracting goal***. Moreover, **one percent (1%)** out of the M/WBE subcontracting goal is to be subcontracted to **AABE firms.** Segmented AABE goals target the participation of AABEs within select industries (Construction, Professional Services & Other Services) as identified by the availability in the Central Vendor Registry. Participation by AABE subcontractors automatically counts toward the M/WBE subcontracting goal.

Pursuant to the SBEDA Ordinance, M/WBEs and AABEs must also be certified as SBEs with the South Central Texas Regional Certification Agency (SCTRCA) and be headquartered or have a Significant Business Presence in the San Antonio Metropolitan Statistical Area to satisfy the above-stated goals. Self-performance by M/WBE and/or AABE prime respondents does not count towards these subcontracting goals. Commitment to meet subcontracting requirements must be demonstrated by writing the **company name, SAePS vendor number of each subcontractor/supplier, dollar value or percentage of participation on the contract, and type of work to be performed****. In the absence of a waiver granted by the Small Business Office, failure of a Respondent to commit to satisfying the M/WBE and AABE subcontracting goals shall render its response NON-RESPONSIVE.

For further clarification, please contact Ron Ramirez at (210) 207-8063.

Enter Respondent's (Prime) proposed contract participation level.

| | PARTICIPATION DOLLAR AMOUNT | % LEVEL OF PARTICIPATION | CERTIFICATION TYPE AND NUMBER | TYPE OF WORK TO BE PERFORMED (BY NIGP CODE) |
|---|---|---|---|---|
| Prime: | $ | % | | |
| SAePS Vendor #: | | | SCTRCA #: | |

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

| | | | | |
|---|---|---|---|---|
| Sub: | $ | % | | |
| SAePS Vendor #: | | | SCTRCA #: | |
| Sub: | $ | % | | |
| SAePS Vendor #: | | | SCTRCA #: | |
| Sub: | $ | % | | |
| SAePS Vendor #: | | | SCTRCA #: | |

***** Prime respondent and all subcontractors/suppliers must be registered in the City of San Antonio Electronic Procurement System (SAePS). To learn more about how to register, please call (210) 207-0118 or visit http://www.sanantonio.gov/purchasing/saeps.aspx.***

| | | | | |
|---|---|---|---|---|
| Sub:<br>SAePS Vendor #: | $ | % | <br>SCTRCA #: | |
| Sub:<br>SAePS Vendor #: | $ | % | <br>SCTRCA #: | |
| Sub:<br>SAePS Vendor #: | $ | % | <br>SCTRCA #: | |
| Sub:<br>SAePS Vendor #: | $ | % | <br>SCTRCA #: | |
| Sub:<br>SAePS Vendor #: | $ | % | <br>SCTRCA #: | |
| A.Total Prime Participation: | $ | % | *A. Total base bid amount to be kept by prime.* | |
| B.Total Sub Participation: | $ | % | *B. Total amount prime will pay to certified and non-certified subcontractors/suppliers* | |
| C.Total Certified Sub Participation: | $ | % | *C. Total amount prime will pay to certified subcontractors/suppliers per the eligibility requirements stated above* | |
| D.Total Prime & Sub Participation*: | $ | % | *D. Total prime and subcontractor(s)/supplier(s) participation must equal your base bid amount (A+B)* | |

***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.**

**Print Name:** _____ **Sign:** _____ **Title:** _____
**Date:** _____

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**FOR CITY USE**

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

**ASSISTANT DIRECTOR**
**ECONOMIC DEVELOPMENT DEPARTMENT**