CITY OF SAN ANTONIO
ECONOMIC DEVELOPMENT
DEPARTMENT

CITY OF SAN ANTONIO
SUBCONTRACTOR/SUPPLIER UTILIZATION PLAN

SOLICITATION NAME: ***District 3 Community Center***

RESPONDENT NAME:

SOLICITATION API: ***Small Business Enterprise (SBE) Prime Contract Program, Minority/Woman Business Enterprise (M/WBE) Subcontracting Program AND African American Business Enterprise (AABE) Subcontracting Program***

API REQUIREMENTS: In order to receive the **twelve (12)** evaluation preference points associated with the SBE Prime Contract Program on this solicitation, S/M/WBE Prime Respondents must document on this form that at least 51% of this contract shall be self-performed or shall be subcontracted to other certified S/M/WBEs. In addition, respondents must demonstrate commitment to satisfy a **twenty-two** (22%) M/WBE subcontracting goal. Moreover, three percent (3%) out of the 22% M/WBE subcontracting goal is to be subcontracted to AABE firms headquartered or having a significant business presence within the San Antonio Metropolitan Statistical Area (SAMSA). Self-performance by Small, Minority, and/or Women Business Enterprises (S/M/WBE) prime respondents does not count toward this subcontracting goal. In the absence of a waiver granted by the Small Business Office, failure of a Respondent to commit to satisfying the subcontracting goals shall render its response NON-RESPONSIVE. **Commitment to meet subcontracting requirement must be demonstrated by writing the company name and SAePS vendor number of each subcontractor/supplier**.** S/M/WBEs must be certified with the South Central Texas Regional Certification Agency and be headquartered or have Significant Business Presence in the SAMSA to satisfy the above stated goal and receive the preference points. Please be sure to indicate dollar value or percentage of the value of the contract that will be paid to the subcontractors (if any). For further clarification, please contact Leticia Callanen at (210) 207-3996.

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

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