CITY OF SAN ANTONIO
ECONOMIC DEVELOPMENT DEPARTMENT

CITY OF SAN ANTONIO
SUBCONTRACTOR/SUPPLIER UTILIZATION PLAN

SOLICITATION NAME: ***Catering and Concessions for the Alamodome***

RESPONDENT NAME:

SOLICITATION API: ***M/WBE Joint Venture Program AND Small Business Enterprise (SBE) Subcontracting & Minority/Woman Enterprise (M/WBE) Subcontracting Programs***

API REQUIREMENTS**:* Respondents must demonstrate commitment to satisfy a **thirteen percent (13%)** SBE subcontracting goal AND a **ten percent (10%)** M/WBE subcontracting goal. Self-performance by Small, Minority and/or Woman Business Enterprises (S/M/WBE) prime respondents does not count toward these subcontracting goals. In the absence of a waiver granted by the Small Business Office, failure of a Respondent to commit to satisfying the SBE and M/WBE subcontracting goals shall render its response NON-RESPONSIVE**. To qualify as an M/WBE pursuant to the SBEDA Ordinance, a vendor must also be an SBE; thus, participation of a qualifying M/WBE subcontractor will also count toward meeting an SBE subcontracting goal. Commitment to meet subcontracting requirements must be demonstrated by writing the company name and SAePS vendor number of each subcontractor/supplier*.

Respondents should review the "SBEDA Ordinance Compliance Provisions" section of the solicitation for details regarding Minority/Woman Business Enterprise (M/WBE) Joint Venture.

S/M/WBEs must be certified with the South Central Texas Regional Certification Agency **and** be headquartered or have Significant Business Presence in the San Antonio Metropolitan Statistical Area to satisfy the above-stated goals and to 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. For further clarification, please contact Irene Maldonado at (210) 207-8124.

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 #:	

***** 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: _____

****

FOR CITY USE

Action Taken: Approved_____ **Denied**_____ _____

ASSISTANT DIRECTOR
ECONOMIC DEVELOPMENT DEPARTMENT