CITY OF SAN ANTONIO
SUBCONTRACTOR/SUPPLIER UTILIZATION PLAN

SOLICITATION NAME: ***On-Call Architectural Services***

RESPONDENT NAME:

SOLICITATION API: ***Small Business Enterprise (SBE) Prime Contract AND SBE Subcontracting Program***

API REQUIREMENTS: Respondents must demonstrate commitment to satisfy a **twenty-six percent (26%) SBE subcontracting goal.** Self-performance by SBE 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 SBE subcontracting goal shall render its response NON-RESPONSIVE.** The Subcontractor/Supplier Utilization Plan is required to be submitted to CITY on a quarterly basis from the date of execution of this contract (except for the last quarter of this contract term, during which awarded respondent shall submit for each accepted task order).

In addition, SBE prime respondents proposing at least 51% SBE utilization (prime and/or subcontractor) will also receive twenty (**20) evaluation preference points**.

SBEs 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 goal and receive preference points. For further clarification, please contact Aurora Perkins, at (210) 207-3996.

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:	$	%	#:	
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