CITY OF SAN ANTONIO
ECONOMIC DEVELOPMENT DEPARTMENT

# CITY OF SAN ANTONIO
# SUBCONTRACTOR/SUPPLIER UTILIZATION PLAN

SOLICTATION NAME: ***2017 Asphalt Overlay Contract Package 3***

PRIME CONTRACTOR NAME:

**Please review the following information before completing the form:**

1. Prime contractor must list **ALL** certified and non-certified Subcontractors/Suppliers that will be utilized for the entire contract period (see page 2).
2. A Subcontractor/Supplier Utilization Plan that does not satisfy City subcontracting goal(s) placed on this solicitation and absent an approved Subcontracting Goal- Waiver (at the time of bid submission) by the Small Business Office will be deemed NON-RESPONSIVE.
3. For a Prime contractor or Subcontractor to count toward a City required subcontracting goal(s), the Prime contractor or Subcontractor must be SBEDA eligible and have the same certification(s) as the City required subcontracting goal(s).
4. To be SBEDA eligible, a Prime contractor or Subcontractor must be certified as a Small Business Enterprise (SBE) through the South Central Texas Regional Certification Agency (www.SCTRCA.org) AND must be headquartered or have a significant business presence in the San Antonio Metropolitan Statistical Area.

**For further clarification, please contact Small Business Office at (210) 207-3922 or refer to the SBEDA language within the solicitation document(s).**

| To be Completed by City Staff | | | To be Completed by Prime Contractor | | |
|---|---|---|---|---|---|
| SOLICITATION API's | EVALUATION POINTS APPLIED | CITY REQUIRED SUBCONTRACTING GOAL | PERCENT SBEDA ELIGIBLE PARTICIPATION | MEETING THE GOAL? (Y/N) | WAIVER SUBMITTED? (Y/N) |
| Minority and/or Woman Owned Business Enterprise (M/WBE) Subcontracting Program | | 4% | | | |
| African American Owned Business Enterprise (AABE) Subcontracting Program | | 1% | | | |
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***Please note that the participation by AABE subcontractors automatically counts towards the M/WBE subcontracting goal.**

**I hereby affirm that the information on this form is true and complete to the best of my knowledge and belief. I possess internal documentation from all proposed Subcontractors/Suppliers confirming their intent to perform the scope of work for the price or percentage indicated. I understand and agree that if approved, this document shall be attached thereto and become a binding part of the contract.**

Prime Contractor's Authorized Agent: Sign and Date _____ Name _____ Title _____

Director or Designee of Economic Development: Sign and Date _____ ☐ APPROVED ☐ DENIED

**All sections of the following table must be completed for all firms listed. List all *certified or non-certified* Subcontractors/Suppliers that will be utilized for the entire contract period, excluding possible extensions, renewals and/or alternates. Use additional pages if necessary.**

| ROLE | NAME OF FIRM | SBEDA ELIGIBLE (YES/NO) | DOLLAR AMOUNT BY FIRM | % OF TOTAL CONTRACT VALUE BY FIRM | WORK TO BE PREFORMED (5 DIGIT NIGP CODE) |
|---|---|---|---|---|---|
| PRIME CONTRACTOR | | | | | |
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