CITY OF SAN ANTONIO
SUBCONTRACTOR/SUPPLIER UTILIZATION PLAN

SOLICITATION NAME: ***Bitters Brush Site Crew Quarters***

RESPONDENT NAME:

SOLICITATION API: ***Small Business Enterprise (SBE) Prime Contract AND Minority/Woman Business Enterprise (MWBE) Subcontracting Program***

API REQUIREMENTS: Respondents must demonstrate commitment to satisfy a **seventeen percent (17%)** M/WBE subcontracting goal. In the absence of a waiver granted by the Small Business Office, failure of a Respondent to commit to satisfying the M/WBE subcontracting goal shall render its response NON-RESPONSIVE. **To qualify as an M/WBE pursuant to the SBEDA Ordinance, a vendor must also be an SBE.**

In addition, SBE prime respondents proposing at least 51% SBE utilization (prime and/or subcontractor) will also receive **fifteen (15) evaluation preference points**. 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 goal and receive preference points. For further clarification, please contact Shuchi Nagpal, at (210) 207-0071.

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 renewals and/or alternates. 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:	$	%	#:	

Total Prime and Sub participation must equal your base bid amount.

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