

**ATTACHMENT G**  
**PROPOSED SUBCONTRACTING PARTICIPATION BREAKDOWN**  
**(TO BE SUBMITTED BY SMALL BUSINESSES)**

(CONTRACTOR'S NAME)  
(ADDRESS)

Solicitation or Contract Number

(Title of the Project)  
(Location)

(Date Prepared)

**SUBCONTRACTING BREAKDOWN – (Base Year and/or All Bid Items excluding Options)**

1. Estimated \$ value of all planned subcontracting \$ \_\_\_\_\_
2. Estimated \$ value of all work to be performed by offeror's workforce \$ \_\_\_\_\_
3. Total \$ value of the proposal (sum of 1 and 2) \$ \_\_\_\_\_
4. Subcontracts for products and services to be awarded under this project.
  - a. Large Business: (LB)

<u>NAME OF COMPANY</u> <u>SUBCONTRACT</u>	<u>TYPE OF SERVICES</u>	<u>\$ VALUE OF</u>
TOTAL:		\$ _____

- b. Small Business (SB)

<u>NAME OF COMPANY</u> <u>SUBCONTRACT</u>	<u>TYPE OF SERVICES</u>	<u>\$ VALUE OF</u>
TOTAL:		\$ _____

(1) SMALL DISADVANTAGED BUSINESSES: (SDB)  
NAME OF COMPANY                      TYPE OF SERVICES                      \$ VALUE OF  
SUBCONTRACT

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TOTAL: \$ \_\_\_\_\_

(2) WOMEN-OWNED SMALL BUSINESSES: (WOSB)  
NAME OF COMPANY                      TYPE OF SERVICES                      \$ VALUE OF  
SUBCONTRACT

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TOTAL: \$ \_\_\_\_\_

(3) HISTORICALLY UNDERUTILIZED BUSINESS ZONE (HUBZone) BUSINESS:  
NAME OF COMPANY                      TYPE OF SERVICES                      \$ VALUE OF  
SUBCONTRACT

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TOTAL: \$ \_\_\_\_\_

(4) VETERAN OWNED SMALL BUSINESS: (VOSB)  
NAME OF COMPANY                      TYPE OF SERVICES                      \$ VALUE OF  
SUBCONTRACT

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TOTAL: \$ \_\_\_\_\_

(5) SERVICE-DISABLED VETERAN OWNED SMALL BUSINESS: (SDVOSB)  
NAME OF COMPANY                      TYPE OF SERVICES                      \$ VALUE OF  
SUBCONTRACT

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TOTAL: \$ \_\_\_\_\_

(6) HISTORICALLY BLACK COLLEGES AND UNIVERSITIES & MINORITY INSTITUTIONS: (HBCU/MI)

<u>NAME OF C, U, OR MI SUBCONTRACT</u>	<u>TYPE OF SERVICES</u>	<u>\$ VALUE OF</u>
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TOTAL: \$ \_\_\_\_\_

(7) ABILITYONE PROGRAM (FORMERLY JWOD) - NISH

<u>NAME OF COMPANY SUBCONTRACT</u>	<u>TYPE OF SERVICES</u>	<u>\$ VALUE OF</u>
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TOTAL: \$ \_\_\_\_\_

NOTES:

1. The sum of lines 4.a and 4.b must equal line 1.
2. Lines 4.b. (1) through 4.b (7) identify various categories of small businesses under the main small business (SB) group. Subcontracts to companies that qualify in multiple categories must be reported under each category. For example: if you are planning to subcontract \$100,000 to ABC, a woman-owned small disadvantaged business that is also a certified HUBZone small business, you will report \$100,000 on line 4.b SB, line 4.b (1) SDB, line 4.b (2) WOSB and line 4.b.(3) HUBZone SB.

<b>Line Item</b>	<b><u>Base</u></b>	<b><u>Option</u> <u>1</u></b>	<b><u>Option</u> <u>2</u></b>	<b><u>TOTAL</u></b>
<b><i>DOLLARS</i></b>				
Total dollar value of this contract.	\$ _____	\$ _____	\$ _____	\$ _____
Total Subcontracted	\$ _____	\$ _____	\$ _____	\$ _____
Large Business	\$ _____	\$ _____	\$ _____	\$ _____
Small Business	\$ _____	\$ _____	\$ _____	\$ _____
SDB	\$ _____	\$ _____	\$ _____	\$ _____
WOSB	\$ _____	\$ _____	\$ _____	\$ _____
HUBZone	\$ _____	\$ _____	\$ _____	\$ _____
SB	_____	_____	_____	_____
VOSB	\$ _____	\$ _____	\$ _____	\$ _____
SDVOSB	_____	_____	_____	_____
HBCU/MI	\$ _____	\$ _____	\$ _____	\$ _____
ABILITYON	\$ _____	\$ _____	\$ _____	\$ _____
E -NISH	_____	_____	_____	_____

***PERCENTAGES***

*Large Business	_____ %	_____ %	_____ %	_____ %
*Small Business	_____ %	_____ %	_____ %	_____ %
*SDB	_____ %	_____ %	_____ %	_____ %
*WOSB	_____ %	_____ %	_____ %	_____ %
*HUBZone	_____ %	_____ %	_____ %	_____ %
SB	_____ %	_____ %	_____ %	_____ %
*VOSB	_____ %	_____ %	_____ %	_____ %
*SDVOSB	_____ %	_____ %	_____ %	_____ %
*HBCU/MI	_____ %	_____ %	_____ %	_____ %
*ABILITYON	_____ %	_____ %	_____ %	_____ %
NE-NISH	_____ %	_____ %	_____ %	_____ %

\*% of total dollars subcontracted