

**SMALL BUSINESS PAST PERFORMANCE**

**Small Business offerors, newly established Large Business offerors, or Large Business Offerors with no prior SF294/ISR history shall complete this form. Large Business Offerors with a SF294 or ISR history shall submit SF294s or ISRs in lieu of completing this form.**

**(a) SUBCONTRACTING ACHIEVEMENT – Include actual dollar values subcontracted for each of the categories listed. Include the percentage goal only if a goal was established.**

(1) Contract Number/Title:	<b>ACTUAL</b>		<b>GOAL</b> (if applicable)
Completion Date: <b>Total Contract Value:</b> \$			
Total Subcontracted Value: \$	Whole Dollars	Percent	Percent
(a) Small Business Concerns (Including SDB, WOSB, HBCU/MI, HUBZone, VOSB, and SDVOSB) (Dollar amount and percent of line c.) Small Business Concerns (Non-Federal Certifications Examples: MBE (Minority Business Enterprise), DBE (Disadvantaged Business Enterprise), DVBE (Disabled Veteran Business Enterprise), SB (Small Business), WBE (Women’s Business Enterprise).			
(b) Large Business Concerns (Dollar amount and percent of line c.)			
(c) Total (sum of lines a & b above)			
(d) Small Disadvantaged Business Concerns (Dollar amount and percent of line c.) Including MBE & DBE			
(e) Women-Owned Small Business Concerns (Dollar amount and percent of line c.) Including WBE			
(f) HUBZone Small Business Concerns (Dollar amount and percent of line c.)			
(g) Veteran-Owned Small Business Concerns (Dollar amount and percent of line c.)			
(h) Service Disabled Veteran-Owned Small Business Concerns (Dollar amount and percent of line c.) Including DVBE			

Name of customer reference for this project: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_  
 Email address: \_\_\_\_\_

(2) Contract Number/Title:			
	<b>ACTUAL</b>		<b>GOAL</b> (if applicable)
Completion Date: _____ <b>Contract Dollar Value: \$</b> _____			
Total Subcontracted Value: \$ _____	Whole Dollars	Percent	Percent
(b) <b>Small Business Concerns</b> (Including SDB, WOSB, HBCU/MI, HUBZone, VOSB, and SDVOSB) (Dollar amount and percent of line c.) <b>Small Business Concerns (Non-Federal Certifications Examples:</b> MBE (Minority Business Enterprise), DBE (Disadvantaged Business Enterprise), DVBE (Disabled Veteran Business Enterprise), SB (Small Business), WBE (Women's Business Enterprise).			
(b) <b>Large Business Concerns</b> (Dollar amount and percent of line c.)			
(c) <b>Total</b> (sum of lines a & b above)			
(d) <b>Small Disadvantaged Business Concerns</b> (Dollar amount and percent of line c.) Including MBE & DBE			
(e) <b>Women-Owned Small Business Concerns</b> (Dollar amount and percent of line c.) Including WBE			
(f) <b>HUBZone Small Business Concerns</b> (Dollar amount and percent of line c.)			
(g) <b>Veteran-Owned Small Business Concerns</b> (Dollar amount and percent of line c.)			
(h) <b>Service Disabled Veteran-Owned Small Business Concerns</b> (Dollar amount and percent of line c.) Including DVBE			
Name of customer reference for this project: _____ Phone Number: _____ FAX Number: _____ Email address: _____			

(3) Contract Number/Title:			
	<b>ACTUAL</b>		<b>GOAL</b> (if applicable)
Completion Date: _____ <b>Contract Dollar Value: \$</b> _____			
Total Subcontracted Value: \$ _____	Whole Dollars	Percent	Percent
(c) <b>Small Business Concerns</b> (Including SDB, WOSB, HBCU/MI, HUBZone, VOSB, and SDVOSB) (Dollar amount and percent of line c.) <b>Small Business Concerns (Non-Federal Certifications Examples:</b> MBE (Minority Business Enterprise), DBE (Disadvantaged Business Enterprise), DVBE (Disabled Veteran Business Enterprise), SB (Small Business), WBE (Women's Business Enterprise).			
(b) <b>Large Business Concerns</b> (Dollar amount and percent of line c.)			
(c) <b>Total</b> (sum of lines a & b above)			
(d) <b>Small Disadvantaged Business Concerns</b> (Dollar amount and percent of line c.) Including MBE & DBE			
(e) <b>Women-Owned Small Business Concerns</b> (Dollar amount and percent of line c.) Including WBE			
(f) <b>HUBZone Small Business Concerns</b> (Dollar amount and percent of line c.)			
(g) <b>Veteran-Owned Small Business Concerns</b> (Dollar amount and percent of line c.)			
(h) <b>Service Disabled Veteran-Owned Small Business Concerns</b> (Dollar amount and percent of line c.) Including DVBE			
Name of customer reference for this project: _____ Phone Number: _____ FAX Number: _____ Email address: _____			

Note: Form may be expanded.

## **SMALL BUSINESS SUBCONTRACTING PLAN**

\*This template has been designed to be consistent with FAR 19.704, Subcontracting Plan Requirements and FAR clause 52.219-9, Small Business Subcontracting Plan (“Subcontracting Plan”). Other formats of a small business subcontracting plan may be acceptable. However, failure to include the essential information as exemplified in this template may be cause for either a delay in acceptance or the rejection of a bid or offer where the clause is applicable.

**(CONTRACTOR’S NAME)**  
**(ADDRESS)**

Solicitation No. N6274217R0003

Indefinite Delivery Indefinite Quantity Architect-Engineer Services for  
Design, Engineering, Specification Writing, Cost Estimating, and Related Services  
at Various Locations in All Areas Under the Cognizance of NAVFAC Pacific

**(Date Prepared)**

Type of Report **(Individual, Commercial, Master)**

<b>PLAN SUBMITTED BY:</b>	
Signature: _____	Date: _____
Printed Name: _____	
Title: _____	
<b>REVIEWED:</b>	
_____ Small Business Specialist	_____ Date
<b>REVIEWED:</b>	
_____ Small Business Administration Procurement Center Representative	_____ Date
<b>ACCEPTED:</b>	
_____ Procuring Contracting Officer	_____ Date

## **SUBCONTRACTING PLAN**

The following, together with any attachments, is submitted as a Subcontracting Plan to satisfy the requirements of Federal Acquisition Regulations (FAR) 19.704. The following goals are established for the Base Period and/or all Bid Items including all option periods. This contract  does  does not contain option periods. Use Attachment (1) for showing the breakdown of the base year and option periods. Percentages may be rounded to nearest tenth of a percent.

1. a. Total Contract Value \$30,000,000.00  
(including options)
- b. Total Subcontracted \$ \_\_\_\_\_ % of 1.a  
(inclusive of all planned subcontracting to all businesses, regardless of size)
- c. Total Prime-performed \$ \_\_\_\_\_ % of 1.a

2. The following dollars and percentage goals are applicable to the contract cited above. (See FAR 19.704(a)(1) and (2))

- a. Large Business (LB) \$ \_\_\_\_\_ % of 1.b

This number represents total planned subcontracting dollars under this contract that will go to subcontractors who are large business concerns.

- b. Small Business (SB) \$ \_\_\_\_\_ % of 1.b

This number represents total planned subcontracting dollars under this contract that will go to subcontractors who are small business concerns\*\*; include contracts awarded under the AbilityOne Program (formerly Javits Wagner O'Day Act Contracts (JWOD)) to SourceAmerica (formerly NISH) and NIB; and awards to Alaskan Native Corporations (ANCs) and Indian Tribes as prescribed in FAR 19.703(c) & FAR 52.219-9.

(\*\*includes all small businesses, including Small, Small Disadvantaged Business (SDB), Women-Owned Small Business (WOSB), Historically Underutilized Business Zone (HUBZone), Veteran-Owned Small Business (VOSB), Service-Disabled Veteran-Owned Small Business (SDVOSB) concerns, and Historically Black Colleges, Universities and Minority Institutions (HBCU/MI))

(Include 2.c, 2.d, 2.e, 2.f, 2.g, 2.h, 2.i, 2.j, and 2.k below).

Attach supporting rationale for goals less than **65%**.

**Notes:**

(1) *Lines 1.b + 1.c = 100% of Line 1.a*

(2) *Lines 2.a + 2.b = 100% of Line 1.b*

(3) *Lines 2.c, 2.d, 2.e, 2.f, 2.g, 2.h, 2.i, 2.j, and 2.k are calculated against Line 1.b, the total value of overall subcontracting dollars.*

(4) *Subcontracts to companies that qualify in multiple categories of SB must be reported under each category. For example: if you are planning to subcontract \$100,000 to company ABC, a woman-owned small disadvantaged business that is also a certified HUBZone, you will report \$100,000 on line 2.b (SB), 2.c (HUBZone), 2.d (WOSB) and 2.e (SDB).*

(5) *The sum of 2.c through 2.k does not automatically equate to the value of 2.b.*

(6) *Designated HUBZone Small Businesses must be certified by the Small Business Administration (SBA).*

c. HUBZone SB                    \$ \_\_\_\_\_ % of 1.b

This number represents total planned subcontracting dollars under this contract that will go to subcontractors who are qualified HUBZone small business concerns certified by SBA. Attach supporting rationale for goals less than **6%**. (Included in 2.b, above, as a subset.)

d. Woman-Owned SB            \$ \_\_\_\_\_ % of 1.b

This number represents total planned subcontracting dollars under this contract that will go to subcontractors who are WOSB. Attach supporting rationale for goals less than **15%**. (Included in 2.b, above, as a subset.)

e. Small Disadvantaged Business            \$ \_\_\_\_\_ % of 1.b

This number represents total planned subcontracting dollars under this contract that will go to subcontractors who are small business concerns owned and controlled by Socially and Economically Disadvantaged individuals (include in this category the planned subcontracting dollars to HBCU/MI shown in 2.h below, and the planned subcontracting dollars to ANCs and Indian Tribes shown in 2.j below). Attach supporting rationale for goals less than **15%**. (Included in 2.b, above, as a subset.)

f. Veteran-Owned SB            \$ \_\_\_\_\_ % of 1.b

This number represents total planned subcontracting dollars under this contract that will go to subcontractors who are small business concerns owned and controlled by VOSB (include in this category the planned subcontracting dollars to SDVOSB shown in 2.g below). Attach supporting rationale for goals less than \_\_\_\_\_%. (Included in 2.b, above, as a subset.)

g. Service-Disabled  
Veteran-Owned SB     \$ \_\_\_\_\_                      \_\_\_\_\_ % of 1.b

This number represents total planned subcontracting dollars under this contract that will go to subcontractors who are small business concerns owned and controlled by SDVOSB. Attach supporting rationale for goals less than **5%**. (Included in 2.b and 2.f, above, as a subset.)

h. Historically Black Colleges  
& Universities/Minority  
Institutions                      \$ \_\_\_\_\_                      \_\_\_\_\_ % of 1.b.

This number represents total planned subcontracting dollars under this contract that will go to HBCU/MI as identified in FAR 26. (Included in 2.b and 2.e, above, as a subset.)

i. AbilityOne  
(Formerly JWOD)                      \$ \_\_\_\_\_                      \_\_\_\_\_ % of 1.b.

This number represents total planned subcontracting dollars under this contract that will go to AbilityOne participating Nonprofit Agencies (sometimes referred to community rehabilitation programs, work centers, industries, or rehabilitation facilities). Per DFARS 219.703, subcontracts awarded to qualified non-profit agencies for the blind or severely disabled may be counted toward the small business subcontracting goal. (Included in 2.b, above, as a subset.)

j. Alaskan Native  
Corporations &  
Indian Tribes                      \$ \_\_\_\_\_                      \_\_\_\_\_ % of 1.b.

This number represents total planned subcontracting dollars under this contract that will go to ANCs and Indian Tribes that are not SDBs where you are either subcontracting directly to the ANC or Indian Tribe or where you have been designated to receive their SDB credit. (See FAR 19.703 & FAR 52.219-9) (Included in 2.b and 2.e, above, as a subset.)

k. Alaskan Native  
Corporations &  
Indian Tribes                      \$ \_\_\_\_\_                      \_\_\_\_\_ % of 1.b.

This number represents total planned subcontracting dollars under this contract that will go to ANCs and Indian Tribes that are not small businesses where you are either subcontracting directly to the ANC or Indian Tribe or where you have been designated to receive their SB credit. (See FAR 19.703 & FAR 52.219-9) (Included in 2.b, above, as a subset.)

3. The following principal products and/or services will be subcontracted under this contract. Additional sheets may be added as required. (See FAR 19.704(a)(3))

a. Products/services planned for subcontracting to LB concerns:

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Or list firm commitments below:

Name of Firm

Products or Services

<hr/>	<hr/>
<hr/>	<hr/>

b. Products/services planned to be subcontracted to SB concerns:

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Or list firm commitments below:

Name of Firm

Products or Services

<hr/>	<hr/>
<hr/>	<hr/>

c. Products/services planned to be subcontracted to HUBZone concerns:

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Or list firm commitments below:

Name of Firm

Products or Services

<hr/>	<hr/>
<hr/>	<hr/>

d. Products/services planned to be subcontracted to WOSB concerns:

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Or list firm commitments below:

<u>Name of Firm</u>	<u>Products or Services</u>
_____	_____
_____	_____

e. Products/services planned for subcontracting to SDB concerns:

\_\_\_\_\_

\_\_\_\_\_

Or list firm commitments below:

<u>Name of Firm</u>	<u>Products or Services</u>
_____	_____
_____	_____

f. Products/services planned for subcontracting to VOSB concerns:

\_\_\_\_\_

\_\_\_\_\_

Or list firm commitments below:

<u>Name of Firm</u>	<u>Products or Services</u>
_____	_____
_____	_____

g. Products/services planned for subcontracting to SDVOSB concerns:

\_\_\_\_\_

\_\_\_\_\_

Or list firm commitments below:

<u>Name of Firm</u>	<u>Products or Services</u>
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h. Products/services planned for subcontracting to HBCU/MIs:

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Or list firm commitments below:

Name of Firm

Products or Services

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i. Products/services planned for subcontracting to AbilityOne organizations (formerly JWOD):

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Or list firm commitments below:

Name of Firm

Products or Services

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j. Planned products/services for subcontracting to ANCs and Indian Tribes that are not SDBs.  
(See 2.j above for explanation):

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Or list firm commitments below:

Name of Firm

Products or Services

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- k. Planned products/services for subcontracting to ANCs and Indian Tribes that are not SBs.  
(See 2.k above for explanation.)

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Or list firm commitments below:

<u>Name of Firm</u>	<u>Products or Services</u>
_____	_____
_____	_____

(ATTACH ADDITIONAL PAGES IF ADDITIONAL SPACE IS REQUIRED)

4. The following method was used to develop the above subcontracting goals. Include a statement explaining how the products and services to be subcontracted were established, how the areas to be subcontracted to SB, SDB, WOSB, HUBZone, VOSB, SDVOSB concerns, HBCU/MIs, AbilityOne program participants, ANCs and Indian Tribes were determined, and how their capabilities were determined. (See FAR 19.704(a)(4))

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5. Source lists utilized in making the determinations in paragraph 4, above are as follows: (See FAR 19.704(a)(5))

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6. Indirect and overhead costs  have  have not been included in the goals specified in 1. and 2. above. If "have" is checked, explain the method used in determining the proportionate share of indirect and overhead costs to be allocated as subcontracts to SB, SDB, WOSB, HUBZone SB, VOSB, SDVOSB concerns, HBCU/MI, AbilityOne program participants, ANCs, and Indian Tribes, and the products and services planned: (See FAR 19.704(a)(6))

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7. The following employee will administer the subcontracting program: (See FAR 19.704(a)(7))

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TITLE: \_\_\_\_\_

This individual's specific duties, as they relate to the firm's subcontracting plan, are general overall responsibility for this company's Small Business Program. This person should have knowledge of the federal small business programs and be knowledgeable about federal procurement practices. If the prime decides to change the person in this position, they must notify the Contracting Officer and the Deputy for Small Business. The administrator is responsible for the development, preparation and execution of this subcontracting plan, and for monitoring performance relative to contractual subcontracting requirements contained in this plan, including, but not limited to:

- a. Developing and maintaining bidders lists of SB, SDB, WOSB, HUBZone SB, VOSB, SDVOSB concerns, AbilityOne program participants, HBCU/MIs, ANCs, and Indian Tribes (hereafter referred to as the small business community) from all possible sources.
- b. Ensuring that procurement packages are structured to permit the small business community to participate to the maximum extent possible.
- c. Assuring inclusion of the small business community in all solicitations for products or services, which they are capable of providing.
- d. Reviewing solicitations to remove statements, clauses, etc., which may tend to restrict or prohibit the small business community participation.
- e. Ensuring periodic rotation of potential subcontractors on bidders lists.
- f. Ensuring that the bid proposal review board documents its reasons for not selecting low bids submitted by the small business community.
- g. Ensuring the establishment and maintenance of records of solicitations and subcontract award activity.
- h. Attending or arranging for attendance of company counselors at Business Opportunity Workshops, Minority Business Enterprise Seminars, Trade Fairs, etc.
- i. Conducting or arranging for the motivational training for purchasing personnel pursuant to the intent of P.L. 95-507.
- j. Monitoring attainment of proposed goals.
- k. Preparing and submitting required periodic subcontracting reports.
- l. Coordinating contractor's activities during the conducting of compliance reviews by Federal agencies.
- m. Coordinating the conduct of contractor's activities involving its small business subcontracting program.
- n. Additions to (or deletions from) the duties specified above are as follows:

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8. The following efforts will be taken to assure that the small business community will have an equitable opportunity to compete for subcontracts. (See FAR 19.704(a)(8))

a. Outreach efforts will be made by identifying:

- Contacts with minority and small business trade associations.
- Contacts with business development organizations.
- Attendance at small and minority business procurement conference and trade fairs.

b. Sources will be requested from the System for Award Management (SAM) website available at <https://www.sam.gov/> on the Internet.

Automated data base sources to be used, other than SAM, will be as follows.

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c. The following internal efforts will be made to guide and encourage buyers:

- (i) Workshops, seminars and training programs will be conducted.
- (ii) Activities will be monitored to evaluate compliance with this subcontracting plan.
- (iii) Arrange interviews with the small business community.

d. Describe how your small business data base, source lists, guides, and other data will be maintained and utilized by buyers in soliciting subcontracts; e.g., rotation of firms in the data base, keeping data base current and useful, etc.

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e. Additions to (or deletions from) the above listed efforts are as follows:

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9. The offeror (contractor) agrees that the FAR clause 52.219-8 entitled "Utilization of Small Business Concerns " will be included in all subcontracts which offer further subcontracting opportunities, and all subcontractors, except SB concerns, who receive subcontracts in excess of \$700,000 (\$1,500,000 for Construction) will be required to adopt and comply with subcontracting plan similar to this one. Such plans will be reviewed by comparing them with the provisions of P.L. 95-507 and assuring that all minimum requirements of an acceptable subcontracting plan have been satisfied. The acceptability of percentage goals shall be determined on a case-by-case basis depending on the supplies/services involved, the availability of potential small and small disadvantaged subcontractors, and prior experience. Once approved and implemented, plans will be monitored through the submission of periodic

reports, and/or, as time and availability of funds permit, periodic visits to review subcontracting program progress. (See FAR 19.704(a)(9))

10. The offeror (contractor) agrees to submit such periodic reports and cooperate in any studies or surveys as may be required by the contracting agency or the Small Business Administration in order to determine the extent of compliance by the offeror (contractor) with the subcontracting plan and with FAR clause 52.219-8. (See FAR 19.704(a)(10)(i) and (ii))
11. The offeror (contractor) agrees to: (See FAR 19.704(a)(10)(iii)-(vi))
  - a. Submit the Individual Subcontract Report (ISR) and the Summary Subcontract Report (SSR) using the Electronic Subcontracting Reporting System (eSRS) at <http://www.esrs.gov>, following the instructions in the eSRS and FAR Clause 52.219-9 (DEVIATION 2016 – O0009);

ISR Submission:

1 <sup>st</sup> reporting period – Oct 1 through March 31	Submit NLT 30 April
2 <sup>nd</sup> reporting period – Apr 1 through September 30	Submit NLT 30 October

SSR Submission:

Annual reporting Period – Oct 1 through Sept 30	Submit NLT 30 October
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A separate “Final” ISR is required at contract completion.

Upon award of the contract, the identity of the individual(s) responsible for acknowledging receipt or rejecting the ISR and the SSR will be provided to the awardee.

- b. Ensure that its large business subcontractors with subcontracting plans agree to submit the ISR and/or the the SSR using the eSRS;
- c. Provide its prime contract number and its DUNS number, and the e-mail address of the Government or Contractor official responsible for acknowledging or rejecting the reports, to all first tier large business subcontractors with subcontracting plans so they can enter this information into the eSRS when submitting their reports; and
- d. Require that each large business subcontractor with a subcontracting plan provide the prime contract number and its own DUNS number, and the e-mail address of the Government or Contractor official responsible for acknowledging or rejecting the reports, to its large business subcontractors with subcontracting plans.
- e. Ensure that the identified Contracting Officer and Small Business Specialist assigned to the contract are included on the eSRS email notification distribution upon submission of each report.

***\*Note 1: If contract value is \$25,000 or more and the solicitation includes FAR Clause 52.204-10, Reporting Executive Compensation and First-Tier Subcontract Awards, ensure additional reporting requirements are met in eSRS in accordance with this clause.***

12. The offeror (contractor) agrees to maintain at least the following types of records to document compliance with this subcontracting plan: (See FAR 19.704(a)(11))
  - a. Source lists, guides, and other data identifying small business, HUBZone small business, women-owned small business, small disadvantaged business, veteran owned small business and service disabled veteran owned small business.
  - b. Organizations contacted to locate small business, HUBZone small business, women-owned small business, small disadvantaged business, veteran owned small business and service disabled veteran owned small business.
  - c. On a contract-by-contract basis, records on all subcontract solicitations over \$150,000 and indicating for each solicitation;
    - (i) whether small business, HUBZone small business, women-owned small business, small disadvantaged business, veteran owned small business and service disabled veteran owned small business were solicited, and if not, why not; and
    - (ii) reason why the award was not made to a small business concern.
    - (iii) written designations from ANCs or Indian Tribes, in accordance with FAR 19.703, if applicable.
  - d. Records to support other outreach efforts, e.g., contacts with small business trade associations, business development organizations, and attendance at small business procurement conferences and trade fairs, and frequency of accessing SAM.
  - e. Maintain records of internal guidance and encouragement to buyers through:
    - (i) Workshops, seminars, training; etc; and
    - (ii) Monitoring performance to evaluate compliance with the program's requirement.
  - f. On a contract-by-contract basis, records to support award data submitted by the contractor to the Government including the name, address, and business size of each subcontractor.

\*\*\*\*\*END OF PLAN\*\*\*\*\*

The original copy of this plan is included in the file and made a material part of the contract.

Copy to:  
Small Business Specialist  
SBA PCR



**BASE PERIOD AND OPTION YEAR SUBCONTRACTING GOALS**  
**SOLICITATION** *(Insert Solicitation/Contract Number)*

	<u>Base Period</u>	<u>Option Period 1</u>	<u>Option Period 2</u>	<u>Option Period 3</u>	<u>Option Period 4</u>	<u>Total Periods</u>
1.a <u>Total Contract</u>	<u>\$ 6,000,000</u>	<u>\$ 6,000,000</u>	<u>\$ 6,000,000</u>	<u>\$ 6,000,000</u>	<u>\$ 6,000,000</u>	<u>\$ 30,000,000</u>
1.b <u>Total Subcontracted</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.a)</u>	% _____	% _____	% _____	% _____	% _____	% _____
1.c <u>Total Prime</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.a)</u>	% _____	% _____	% _____	% _____	% _____	% _____
2.a <u>To LB</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.b)</u>	% _____	% _____	% _____	% _____	% _____	% _____
2.b <u>To SB</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.b)</u>	% _____	% _____	% _____	% _____	% _____	% _____
2.c <u>To HUBZone SB</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.b)</u>	% _____	% _____	% _____	% _____	% _____	% _____
2.d <u>To WOSB</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.b)</u>	% _____	% _____	% _____	% _____	% _____	% _____
2.e <u>To SDB</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.b)</u>	% _____	% _____	% _____	% _____	% _____	% _____
2.f <u>To VOSB</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.b)</u>	% _____	% _____	% _____	% _____	% _____	% _____
2.g <u>To SDVOSB</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>(% of Line 1.b)</u>	% _____	% _____	% _____	% _____	% _____	% _____

2.h <u>To HBCU/MI</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
(% of Line 1.b)	% _____	% _____	% _____	% _____	% _____	% _____
2.i <u>To AbilityOne</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
(% of Line 1.b)	% _____	% _____	% _____	% _____	% _____	\$ _____
2.j <u>To ANCs/Indian Tribes, Not SDBs</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
(% of Line 1.b)	% _____	% _____	% _____	% _____	% _____	% _____
2.k <u>To ANCs/Indian Tribes, Not SBs</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
(% of Line 1.b)	% _____	% _____	% _____	% _____	% _____	% _____

Attachment (1)