

SUBCONTRACTING PLAN

PRIME CONTRACTOR INFORMATION:

Company: _____
Street Address: _____
City & Zip Code: : _____
Phone Number: _____ Fax: _____
Email Address: _____

Solicitation Number: _____
Contractor's Tax ID Number: _____
Caption of Plan: _____

Project Descriptions: _____

Duration of the Plan: From _____ to _____
Total Prime Contract Value: \$ _____.
Amount of Contract (excluding the cost of materials, goods, supplies and equipment) \$ _____.
Amount of all Subcontracts:\$

(List each subcontractor at any tier that will be awarded a subcontract to meet your total set aside goal.)

(List each subcontractor that will be awarded a subcontract to meet your total set aside goal.)

SUBCONTRACTOR INFORMATION: (use continuation sheet for additional subcontracts)

Name