**SBE SUBCONTRACTING PLAN**

**INSTRUCTIONS:** All construction & non-construction contracts for **government-assisted** **projects (agency contracts & private projects with District subsidy)** over $250,000, shall require at least 35% of the amount of the contract (total amount of agency contract or total private project development costs) be subcontracted to Small Business Enterprises (SBE), and if insufficient qualified SBEs to Certified Business Enterprises (CBE). The SBE Subcontracting Plan must list all SBE and CBE subcontracts at every tier. Once the SBE Subcontracting Plan is submitted for agency contracts, options, and extension, it can only be amended by the Director of the Department of Small & Local Business Development

**SUBMISSION OF CBE PLAN:**

* For **agency** solicitations – submit to agency with bid/proposal.
* For **agency** options & extensions – submit to agency before option or extension exercised.
* For **public private projects** – submit to DSLBD, agency project manager and with each quarterly report. As private projects may not have awarded all contracts at the time the District subsidy is granted, the SBE Subcontracting Plan may be submitted simultaneously with each quarterly report and list all SBE/CBE subcontracts executed by the time of submission.

**CREDIT:** For each subcontract listed on the SBE Subcontracting Plan, credit will only be given for the portion of the subcontract performed, at every tier, by a SBE/CBE using *its own organization and resources*. **COPIES OF EACH FULLY EXECUTED SUBCONTRACT WITH SBEs AND CBEs (AT EVERY TIER) MUST BE PROVIDED TO RECEIVE CREDIT**.

**SUBCONTRACTING CREDIT PURSUANT D.C. LAW 24-39:**

Pursuant to the Coronavirus Support Temporary Amendment Act of 2021 and the Public Emergency Extension and Eviction and Utility Moratorium Phasing Emergency Amendment Act of 2021, contracts awarded during the Public Health Emergency shall receive credit as follows:

1. For every dollar expended by a beneficiary with a resident-owned business, the beneficiary shall receive a credit for $1.10 against the CBE minimum expenditure.
2. For every dollar expended by a beneficiary with a disadvantaged business enterprise, the beneficiary shall receive a credit for $1.25 against the CBE minimum expenditure.
3. For every dollar expended by a beneficiary that uses a company designated as both a disadvantaged business enterprise and as a resident-owned business, the beneficiary shall receive a maximum credit for $1.30 against the CBE minimum expenditure.

**EXEMPTION:** If the **Beneficiary (Prime Contractor or Developer)** is a CBE and will perform the ENTIRE **government-assisted project** with *its own organization and resources* and will NOT subcontract any portion of the services and goods, then the CBE is not required to subcontract to SBEs.

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| **BENEFICIARY (✓ which applies**  **Prime Contractor or**  **Developer) INFORMATION:** |
| |  |  |  |  | | --- | --- | --- | --- | | Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact #: \_\_\_\_\_\_\_\_\_\_ | | Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | City/ State/ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |  | | --- | --- | --- | | ✔all that applies, Company is: | | | | **a SBE** | **a CBE** | **CBE Certification Number:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **WILL perform the ENTIRE agency contract or private project with its own organization and resources** | | | | **WILL subcontract a portion of the agency contract or private project** | | |  |  |  | | --- | --- | | Company’s point of contact for agency contract or private project: | | | Point of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **GOVERNMENT-ASSISTED PROJECT (✓ which applies**  **Agency Contractor or**  **Private Project) INFORMATION:** | |
| **AGENCY SOLICITATION** | **PRIVATE PROJECT** |
| Solicitation Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Solicitation Due Date:  Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total Dollar Amount of Contract: $\_\_\_\_\_\_\_\_\_\_  *\*Design-Build must include total contract amount for both design and build phase of project.*  35% of Total Dollar Amount of Contract: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  50% of Total Dollar Amount of Contract: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (pursuant to D.C. Law 24-39)  Total Amount of all CBE subcontracts: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(include every lower tier)*  ✔ if applicable:  **IDIQ, BPA, HCA or NTE Contract (*i.e.*, the subcontracting requirement will be adjusted accordingly to the realized contract value.)** | District Subsidy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agency Providing Subsidy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount of District Subsidy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date District Subsidy Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total Development Project Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(include pre-construction and construction costs)*  35% of the Total Development Project Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  50% of Total Dollar Amount of Contract: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (pursuant to D.C. Law 24-39)  Total Amount of All SBE/CBE subcontracts: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SBE/CBE SUBCONTRACTORS (FOR EACH TIER):**

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| **SBE/CBE CONTRACTOR/ SUBCONTRACTOR INFORMATION:** *(For design-build projects, the SBE Subcontracting Plan is not required to be submitted for preconstruction services; however, a full SBE Subcontracting Plan (i.e., 35% of the contract amount* ***including total design and build costs)*** *is required to be submitted before entering into a guaranteed maximum price or contract authorizing construction.)*  ***OPERATORS and MANAGEMENT SERVICE PROVIDERS:*** *The OLG shall only issue an operator license or management services provider license if the applicant in conjunction with its application for license, submits to DSLBD for approval, a CBE Plan that demonstrates that at least 35% of the applicant’s operating budget will be contracted with one or more CBEs.)* | | | |
| CBE Company Name | Address | Contractor/ Subcontractor Tier (1st, 2nd, 3rd…) | Description of contract/subcontract scope of work to be performed that shall be for a commercially useful function related to sports wagering. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Period of Contract/Subcontract: \_\_\_\_\_\_\_\_\_\_\_  Price to be paid to the SBE/CBE Contractor/Subcontractor: $\_\_\_\_\_\_\_\_   |  |  |  | | --- | --- | --- | | ✔all that applies: | | | | **a SBE** | **a CBE** | **Current CBE Certification Number: \_\_\_\_\_\_\_** | | **a SBE/CBE will perform the ENTIRE contract/ subcontract with its own organization and resources** | | | | **a SBE/CBE will subcontract a portion of the contract/ subcontract (MUST LIST EACH LOWER TIER SBE/CBE SUBCONTRACTS)** | | | | | | SBE/CBE Point of Contact  Name: \_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_  Telephone Number: \_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_ |

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| **SBE/CBE CONTRACTOR/ SUBCONTRACTOR INFORMATION:** *(For design-build projects, the SBE Subcontracting Plan is not required to be submitted for preconstruction services; however, a full SBE Subcontracting Plan (35% of the contract amount* ***including total design and build costs)*** is required to be submitted before entering into a guaran  *The OLG shall only issue an operator license or management services provider license if the applicant in counction with its application for license, submits to DSLBD for approval, a CBE Plan that demonstrates that at least 35% of the applicant’s operating budget will be contracted with one or more CBEs.)* | | | |
| CBE Company Name | Address | Contractor/ Subcontractor Tier (1st, 2nd, 3rd…) | Description of contract/subcontract scope of work to be performed that shall be for a commercially useful function related to sports wagering. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Period of Contract/Subcontract: \_\_\_\_\_\_\_\_\_\_\_  Price to be paid to the SBE/CBE Contractor/Subcontractor: $\_\_\_\_\_\_\_\_   |  |  |  | | --- | --- | --- | | ✔all that applies: | | | | **a SBE** | **a CBE** | **Current CBE Certification Number: \_\_\_\_\_\_\_** | | **a SBE/CBE will perform the ENTIRE contract/ subcontract with its own organization and resources** | | | | **a SBE/CBE will subcontract a portion of the contract/ subcontract (MUST LIST EACH LOWER TIER SBE/CBE SUBCONTRACTS)a SBE/ CBE will subcontract a portion of the contract/ subcontract (MUST LIST EACH LOWER TIER SBE/CBE SUBCONTRACTS)** | | | | | | SBE/CBE Point of Contact  Name: \_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_  Telephone Number: \_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_ |

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| **SBE/CBE CONTRACTOR/ SUBCONTRACTOR INFORMATION:** *(For design-build projects, the SBE Subcontracting Plan is not required to be submitted for preconstruction services; however, a full SBE Subcontracting Plan (35% of the contract amount* ***including total design and build costs)*** is required to be submitted before entering into a guaran  *The OLG shall only issue an operator license or management services provider license if the applicant in counction with its application for license, submits to DSLBD for approval, a CBE Plan that demonstrates that at least 35% of the applicant’s operating budget will be contracted with one or more CBEs.)* | | | |
| CBE Company Name | Address | Contractor/ Subcontractor Tier (1st, 2nd, 3rd…) | Description of contract/subcontract scope of work to be performed that shall be for a commercially useful function related to sports wagering. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Period of Contract/Subcontract: \_\_\_\_\_\_\_\_\_\_\_  Price to be paid to the SBE/CBE Contractor/Subcontractor: $\_\_\_\_\_\_\_\_   |  |  |  | | --- | --- | --- | | ✔all that applies: | | | | **a SBE** | **a CBE** | **Current CBE Certification Number: \_\_\_\_\_\_\_** | | **a SBE/CBE will perform the ENTIRE contract/ subcontract with its own organization and resources** | | | | **a SBE/CBE will subcontract a portion of the contract/ subcontract (MUST LIST EACH LOWER TIER SBE/CBE SUBCONTRACTS)a SBE/ CBE will subcontract a portion of the contract/ subcontract (MUST LIST EACH LOWER TIER SBE/CBE SUBCONTRACTS)** | | | | | | SBE/CBE Point of Contact  Name: \_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_  Telephone Number: \_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_ |

**I** **[Name],** **[Title] of** **[Applicant/ Licensee Company Name] swear or affirm the above is true and accurate.**

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| **\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_** |
| **(Signature)** | **(Date)** |

***Complete additional copies as needed.***

**AGENCY CONTRACTING OFFICER’S USE ONLY OR  AGENCY PROJECT MANAGER’S USE ONLY**

**(✓ which applies. Only one option should be selected.)**

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| **AGENCY CONTRACT AWARD**  Agency: \_\_\_\_\_\_\_\_  Prime Contractor: \_\_\_\_\_\_\_\_  Contract Number: \_\_\_\_\_\_\_\_  Date SBE Subcontracting Plan Accepted: \_\_\_\_\_\_\_\_  Date agency contract signed: \_\_\_\_\_\_\_\_  Anticipated Start Date of Contract: \_\_\_\_\_\_\_\_  Anticipated End Date of Contract: \_\_\_\_\_\_\_\_  Total Dollar Amount of Contract: $\_\_\_\_\_\_\_\_  *\*Design-Build must include total contract amount for both design and build phase of the project.*  35% of the Total Contract Amount: $\_\_\_\_\_\_\_\_  50% of Total Dollar Amount of Contract: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (pursuant to D.C. Law 24-39)  Total Amount of All SBE/CBE Subcontracts: $\_\_\_\_\_\_\_\_  *(include every tier)*  (✓ if applies)  Base Period Contract – Option/Extension Period: \_\_\_\_\_\_\_\_  Multi-year Contract  First Year (Period) of Contract: \_\_\_\_\_\_\_\_  Current Year (Period) of Contract: \_\_\_\_\_\_\_\_  Design-Build – Date of Guaranteed Contract: \_\_\_\_\_\_\_\_  Check if prime contractor is a CBE and will perform the ENTIRE government-assisted project (agency contract) with *its own organization and resources and NOT subcontract any portion of the services or goods.* | | **PRIVATE PROJECT SUBSIDY AWARD**  Agency Providing Subsidy: \_\_\_\_\_\_\_\_  District Subsidy: \_\_\_\_\_\_\_\_  Developer: \_\_\_\_\_\_\_\_  Amount of District Subsidy: \_\_\_\_\_\_\_\_  Date District Subsidy Provided/ contract signed: \_\_\_\_\_\_\_\_  Anticipated Start Date of Project: \_\_\_\_\_\_\_\_  Anticipated End Date of Project: \_\_\_\_\_\_\_\_  Project Name: \_\_\_\_\_\_\_\_  Project Address: \_\_\_\_\_\_\_\_  Total Development Project Budget: $\_\_\_\_\_\_\_\_  *(include pre-construction and construction costs)*  35% of the Total Development Project Budget: $\_\_\_\_\_\_\_\_  50% of Total Dollar Amount of Contract: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (pursuant to D.C. Law 24-39)  Total Amount of All SBE/CBE Subcontracts: $\_\_\_\_\_\_\_\_  *(include every lower tier)*  Check if developer is a CBE and will perform the ENTIRE government-assisted project (private project) with *its own organization and resources and NOT subcontract any portion of services or goods.* |
| **AGENCY CONTRACTING OFFICER’S AFFIRMATION OR  AGENCY PROJECT MANAGER’S AFFIRMATION**  **(✓ which applies)**  The below Agency Contracting Officer or Agency Project Manager affirms the following (✓ to affirm):  If the Beneficiary is a CBE, DSLBD was contacted to confirm Beneficiary’s CBE certification;  The fully executed Contract (Base or Option or Extension or Multi-Year) or subsidy document, between the Beneficiary and Agency, was emailed to DSLBD at [Compliance.Enforcement@dc.gov](mailto:Compliance.Enforcement@dc.gov) within five (5) days of signing:  **FOR AGENCY CONTRACT** the SBE Subcontracting Plan, submitted by Beneficiary, was emailed to DSLBD at [Compliance.Enforcement@dc.gov](mailto:Compliance.Enforcement@dc.gov) within five (5) days of signing the contract between the Beneficiary and Agency.  \_\_\_\_\_\_\_\_  Name of Agency Contracting Officer or Agency Project Manager  \_\_\_\_\_\_\_\_  Title of Agency Contracting Officer or Agency Project Manager | | |
| \_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_  Date | |