

ATTACHMENT E
SMALL BUSINESS SUBCONTRACTING RECORD

COMPANY NAME: _____

SUBCONTRACTING ACHIEVEMENTS – Include actual dollar values subcontracted for each of the categories listed. Include the percentage goal only if a goal was established. Note: Form may be expanded.

(1) Contract Number/Title: Check One: ____ Prime Contract ____ Subcontract Subcontracting Plan Required ____ Yes ____ No			
	ACTUAL SUBCONTRACTED		SUBCONTRACT GOAL (if applicable)
Completion Date: _____ Total Contract Value: \$ _____			
Total Subcontracted Value: \$ _____	Whole Dollars	Percent	Percent
(a) Small Business Concerns (Including SDB, WOSB, HUBZone, VOSB, SDVOSB and AbilityOne entities) (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) Other Than Small (OTS) 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: _____
 Check One: ____ Prime Contract ____ Subcontract
 Subcontracting Plan Required ____ Yes ____ No

	ACTUAL SUBCONTRACTED		SUBCONTRACT GOAL (if applicable)
Completion Date: _____ Contract Dollar Value: \$ _____			
Total Subcontracted Value: \$ _____	Whole Dollars	Percent	Percent
(b) Small Business Concerns (Including SDB, WOSB, HUBZone, VOSB, SDVOSB and AbilityOne entities) (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) OTS 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: _____

(3) Contract Number/Title: Check One: ☐ Prime Contract ☐ Subcontract Subcontracting Plan Required ☐ Yes ☐ No			
	ACTUAL SUBCONTRACTED	SUBCONTRACT GOAL (if applicable)	
Completion Date: _____ Contract Dollar Value: \$ _____			
Total Subcontracted Value: \$ _____	Whole Dollars	Percent	Percent
(c) Small Business Concerns (Including SDB, WOSB, HUBZone, VOSB, SDVOSB and AbilityOne entities) (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) OTS 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: _____			