## Attachment J.1.4

## **SUBCONTRACTING PLAN**

Company:					6-	licitation Numb						
					ĺ	Solicitation Number:						
Street Address:					Co	Contractor's Tax ID Number:						
City & Zip Code: :					Ca	Caption of Plan:						
Phone Number:				_	22	<u></u>						
Email Address:					9.00							
Project Name:					Du	Duration of the Plan: From to						
Address:					То	Total Prime Contract Value: \$						
						Amount of Contract (excluding the cost of						
Decinet Decement					ma	materials, goods, supplies and equipment) \$						
Project Descriptions:					Ап	Amount of all Subcontracts \$						
					LS	DBE Total:\$_			equals%			
						L	SDBE Subcontract V	alue	Percentage Set Aside			
SUBCONTRACTOR I	INFORMA	NTION: (L	ıse contir	uation	will be aw sheet for se of Work	r additional :	contract to meet y subcontracts) NIGP Code(s)	Description				
Total Amount Set Aside:	s						Point of Contact					
Percentage of Total Set				Tier::								
				-1	1, 2 <sup>nd</sup> , 3rd	Contact Telephone Number:						
LSDBE Certification Nun	nber:						Fax Number:					
Certification Status: (check all that apply)	SBE:	LBE:	DBE:	DZE:	ROB:	LRB:	Email Address:_					
	efforts the pr	rime contrac	ctor will make	to ensure	ng the follo that LBEs,	DBEs, ROBs, S			uitable opportunity to compete			
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Signature

Name & Title of Contracting Officer

Date

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

SUBCONTRACTOR IN	FORMA'	TION: (u	se conti	nuatio	on sheet for	additional s	ubcontracts)	Hillseponts and wantiped the specific terms		
Name			phone No.		Type of Work		NIGP Code(s)	Description of Work		
Total Amount Set Aside: \$ Percentage of Total Set As LSDBE Certification Numb	side Amou	unt :		Point of Contact:Name (Print)  Contact Telephone Number:  Fax Number:						
Certification Status: (check all that apply)	SBE:	LBE:	DBE:	DZE	ROB	LRB:	Email Address:			
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