RFP NO. GF-2015-R-0035

ATTACHMENT J.9

SUBCONTRAACTING PLAN

		Marie Carre	PRIME	CONTRA	CTOR INFORMA	TION:			
Company:				_	Solicitation Number:				
Street Address:									
City & Zip Code: :				_	Contractor's Tax ID Number: Caption of Plan:				
Phone Number:									
Email Address:				_		• •			
Project Name:				_	Duration of the Plan: From to				
Address:			_	Total Prime Contract Value: \$					
				_	Amount of Contract (excluding the cost of				
Project Descriptions:					materials, goods, supplies and equipment) \$ Amount of all Subcontracts:\$				
				_					
(List	each sub	contractor a	t any tier	that will be	awarded a subc	ontract to meet	your total set aside goal.)		
UBCONTRACTOR INFORMATION: (use continuate					NIGP Code(s)	Description of Work			
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SDBE Certification Num Certification Status:			- L 5			Fax Number:			
(check all that apply)	SBE:	LBE: DE	3E: D	ZE: RO	B: LRB:	Email Address:			
b. In all subcontracts that that the subcontracts that that the subcontractor. c. Assurances that the prequested by the control. d. Listing of the type of replan, and include assure. A description of the printers. ERSON PREPARING. ame:	offer further will adopt a string contract acting officer cords the prances that the contractor THE SUI	r subcontraction with cooperator, to allow the Dirime contractor whe prime contractor whe prime contractor with r's recent effort BCONTRAC	g opportur lan similar t e in any stu strict to dete will maintain ctor will mal s to locate	ncluding the ensure that L sities, assura o the subcondies or survermine the exto demonstrate such record LBEs, DBEs	BEs, DBEs, ROBs, SB nces that the prime coltracting plan required to the prime tent of compliance by the procedures adopted a available for review to, SBEs, DZEs, LRBs, Signature: Title:	ntractor will include a by the contract; d by the contracting of the prime contractor d to comply with the upon the District's re and ROBs, and to a	will have an equitable opportunity to compete a statement, approved by the contracting officer, officer, and submit periodic reports, as with the subcontracting plan; requirements set forth in the subcontracting equest; and award subcontracts to them.		
mail Address:				····	Jale.				
			FOR C	ONTRAC	TING OFFICER L	JSE ONLY			
ate Plan Received by	Contracti	ng Officer:							
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me & Title of Contrac					Signature		Date		

(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	Address & Te		of Work		NIGP Code(s) Description of Work							
Total Amount Set Aside: \$				Point of Contact								
Percentage of Total Set Asi		% Tie		Point of Contact: Name (Print)								
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