ATTACHMENT J.1.6

SUBCONTRACTING PLAN FORM
SUBCONTRACTING PLAN

PRIME CONTRACTOR INFORMATION:

<table>
<thead>
<tr>
<th>Company:</th>
<th>Solicitation Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>Contractor’s Tax ID Number:</td>
</tr>
<tr>
<td>City &amp; Zip Code:</td>
<td>Caption of Plan:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Duration of the Plan: From ________ to ________</td>
</tr>
<tr>
<td>Fax:</td>
<td>Total Prime Contract Value: $ ________</td>
</tr>
<tr>
<td>Email Address:</td>
<td>Amount of Contract (excluding the cost of materials, goods, supplies and equipment) $ ________</td>
</tr>
<tr>
<td>Project Name:</td>
<td>Amount of all Subcontracts: $ ________</td>
</tr>
<tr>
<td>Address:</td>
<td>LSDBE Total: $ ________ equals ________ %</td>
</tr>
<tr>
<td>Project Descriptions:</td>
<td>LSDBE Subcontract Value Percentage Set Aside</td>
</tr>
</tbody>
</table>

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

SUBCONTRACTOR INFORMATION: (use continuation sheet for additional subcontracts)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address &amp; Telephone No</th>
<th>Type of Work</th>
<th>NIGP Code(s)</th>
<th>Description of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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Total Amount Set Aside: $ ________
Percentage of Total Set Aside Amount: ________ %
LSDBE Certification Number:
Certification Status: (check all that apply) SBE: LBE: DBE: DZE: ROB: LRB:
Tier: 1st, 2nd, 3rd

Point of Contact: Name (Print)
Contact Telephone Number: Fax Number: Email Address:

CERTIFICATIONS

The prime contractor shall attach a notarized statement including the following:

a. A description of the efforts the prime contractor will make to ensure that LBEs, DBEs, ROBs, SBEs, LRBs, or DZEs will have an equitable opportunity to compete for subcontracts;

b. In all subcontracts that offer further subcontracting opportunities, assurances that the prime contractor will include a statement, approved by the contracting officer, that the subcontractor will adopt a subcontracting plan similar to the subcontracting plan required by the contract;

c. Assurances that the prime contractor will cooperate in any studies or surveys that may be required by the contracting officer, and submit periodic reports, as requested by the contracting officer, to allow the District to determine the extent of compliance by the prime contractor with the subcontracting plan;

d. Listing of the type of records the prime contractor will maintain to demonstrate procedures adopted to comply with the requirements set forth in the subcontracting plan, and include assurances that the prime contractor will make such records available for review upon the District’s request; and

e. A description of the prime contractor’s recent efforts to locate LBEs, DBEs, SBEs, DZEs, LRBs, and ROBs, and to award subcontracts to them.

PERSON PREPARING THE SUBCONTRACTING PLAN:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature:</th>
</tr>
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<tbody>
<tr>
<td>Telephone Number: ( )</td>
<td>Title:</td>
</tr>
<tr>
<td>Fax Number: ( )</td>
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<td>Email Address:</td>
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FOR CONTRACTING OFFICER USE ONLY

Date Plan Received by Contracting Officer: 
Report: [ ] Acceptable [ ] Not Acceptable
Contract Number:

[ ] Name & Title of Contracting Officer [ ] Signature [ ] Date

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SUBCONTRACTORS LIST CONTINUED

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

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1st, 2nd, 3rd

LSDBE Certification Number:______________________

Certification Status: (check all that apply) SBE:  LBE:  DBE:  DZE:  ROB:  LRB: 

Point of Contact:______________________________________
Name (Print):______________________________
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