

ATTACHMENT A
SMALL BUSINESS SUBCONTRACTING PLAN



Failure to complete and return Section A or B of this Attachment may result in your bid being deemed NON-RESPONSIVE

If you have any questions contact *Debbie Bayles* at Debbie.Bayles@VDOT.Virginia.gov for assistance.

SPECIAL NOTICE TO BIDDER

This Attachment must be completed by all Bidders. Bidders completing Section A and subcontractors included in Section B of the Small Business Subcontracting Plan must be certified as a small/micro business by the Commonwealth of Virginia, Department of Small Business and Supplier Diversity (DSBSD) by the due date of this solicitation to participate in the SWaM Program.

A Bidder's response of "**Not applicable**", "**N/A**", "**None**", "**No Response**", "**Pending**" or "**0**" in Section A or B (Plans for Utilization of the Small Business Subcontracting Plan) will result in the bid being declared non-responsive if the Bidder is not a DSBSD-certified micro/small business and does not plan to subcontract part of the work to a DSBSD-certified micro/small business.



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All small/micro businesses must be certified by the Commonwealth of Virginia, Department of Small Business and Supplier Diversity (DSBSD) by the due date of the solicitation to participate in the SWAM program. Certification applications are available through DSBSD online at www.SBSD.virginia.gov (Customer Service).

It is the goal of the Commonwealth that more than 42% of its purchases be made from small businesses. All potential bidders are required to submit a Small Business Subcontracting Plan.

Small Business: "Small business (including micro)" means a business which holds a certification as such by the Virginia Department of Small Business and Supplier Diversity (DSBSD) on the due date for bids. This shall also include SBSD-certified women- and minority-owned businesses and businesses with DSBSD service disables veteran -owned status when they also hold a DSBSD certification as a small business on the bid due date. Currently, DSBSD offers small business certification and micro business designation to firms that qualify.

Certification applications are available through DSBSD online at www.sbsd.virginia.gov (Customer Service).

Bidder Name: _____

Preparer Name: _____ **Date:** _____

Instructions

- A. If you are certified by the DSBSD as a micro/small business, complete only Section A of this form.
- B. If you are not a DSBSD-certified small business, complete Section B of this form. For the bid to receive credit for the small business subcontracting plan evaluation criteria, the bidder shall identify the portions of the contract that will be subcontracted to DSBSD-certified small business for the initial contract period and any subsequent renewal periods in Section B.

Section A

If your firm is certified by DSBSD, provide your certification number and the date of certification:

Certification Number: _____ Certification Expiration Date: _____



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Section B

Populate the table below to show your firm's plans for utilization of DSBSD-certified small businesses in the performance of this contract for the initial contract period and any subsequent renewal periods in relation to the bidder's total price for the initial contract period. Certified small businesses include but are not limited to DSBSD-certified women-owned and minority-owned businesses and businesses with DSBSD service disables veteran -owned status that have also received the DSBSD small business certification. Include plans to utilize small businesses as part of joint ventures, partnerships, subcontractors, suppliers, etc. It is important to note that the proposed participation will be incorporated into the subsequent contract and will be a requirement of the contract. Failure to obtain the proposed participation percentages may result in breach of the contract.

B. Plans for Utilization of DSBSD-Certified Small Businesses for this Procurement

Small/Micro Business Name & Address DSBSD Certificate # and Expiration Date	Status if Small/Micro Business is also: Women (W), Minority (M), or DSBSD Service Disabled Veteran-Owned (SDV)	Contact Person, Telephone & Email	Type of Goods and/or Services	Planned Contract Percentage During Initial Contract Period, and any Subsequent Renewal Periods
Totals \$				



**ATTACHMENT B
 SWaM COMPLIANCE REPORT (ASD-63)**

INSTRUCTIONS FOR THE SWaM COMPLIANCE REPORT

The Prime Contractor is required to submit a SWaM Compliance Report to the Contract Officer on payments made to all subcontractors as specified in Small Business Subcontracting Plan in the Special Terms & Condition to include Small, Micro, Women-owned and Minority-owned Business Enterprises (SWaM) certified by the Department of Small Business and Supplier Diversity (DSBSD) and non- SWaM businesses for the designated quarterly reporting period if required. All amounts paid to certified SWaM businesses are subject to monitoring and enforcement mechanisms. It is the responsibility of the prime contractor to provide evidence of subcontractor payments in response to the small business plan provided in the solicitation for this contract.

The instructions below correspond to each item on the report. Please follow the instructions.

1. **Contractor/ Tax I.D. No.** enter the complete name of the prime contractor and their federal tax identification number.
 - 1a. **Contract Name** indicate the name of the contract as it appears on contract documents
 - 1b. **District** indicate the VDOT responsible district where the contract is being performed. See list of districts in these instructions
 - 1c. **Contract No.** provide VDOT contract number
2. **Period Ending** indicate the reporting period based on the Reporting Schedule listed in these instructions
3. **Subcontractor/Vendor Telephone Number and Certification Number** enter the names of all subcontractors and suppliers that participate on this contract whether SWaM or not if required. For SWaM vendors please provide the certification number provided by the Department of Small Business and Supplier Diversity (DSBSD)
4. **Tax I.D. No.** insert the tax identification number of the vendor that appears in the preceding column
5. **SWaM Category S, W, M, SDV, None** indicate the SWaM status of each vendor identified as a subcontractor or vendor. This number is issued by DSBSB and can be located on their website At <http://www.sbsd.virginia.gov/>.
6. **Subcontract Amount** indicate the subcontract amount for any vendor listed on this form.
7. **Subcontractor Payment** this section identifies the prime expenditures to vendors listed on this form for SWaM vendors on contracts valued at or above \$100,000 and non-SWaM vendors for contracts valued at or above \$200,000.
- 7a. **This Month** indicate the amount paid to each subcontractor per reporting period. If no payments were made during this period enter \$0.
- 7b. **Year to Date** summarizes all payments made to the vendor to date.
8. **Type of Work or Commodity** indicate scope of work or commodity acquired from the subcontractor

Effective July 1, 2019, all Form ASD-63's for a particular reporting period shall be submitted preferably in an electronic format to the Contract Officer by the fifth (5) working day after the last day of each month.

If the submittal date falls on a weekend/holiday, the forms shall be submitted to the VDOT Contract Officer on the following business day.

DISTRICTS

Central Office	Hampton Roads
Bristol	Fredericksburg
Salem	Culpeper
Lynchburg	Staunton
Richmond	NOVA
Statewide	



ATTACHMENT B SWaM COMPLIANCE REPORT

(1) Contractor/Tax I.D. No. _____

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(1a) Contract Name _____

(1c) Contract No. _____

(2) Period Ending _____

(1b) District _____

(3) Subcontractor/ Vendor Tele No., Certification No.	(4) Tax I.D. No.	(5) SWaM Category S, W, M, SDV, None	(6) Sub- Contract Amount	(7) Subcontractor Payment		(8) Type of Work or Commodity
				(7a) This Quarter	(7b) To Date	

All amounts paid to subcontractors/vendors are to be reported and **submitted by the 5th business day after the end of each month** to the Contract Officer. See instructions.

I/We under penalty of law that the information provided herein is accurate, current and complete to the best of my/our knowledge.

Signature and Title of Company Official

_____ Date _____



**ATTACHMENT C
VA STATE CORPORATION COMMISSION FORM**

Failure to complete and return this attachment may result in your bid being deemed NON-RESPONSIVE.

Virginia State Corporation Commission (SCC) registration information. The bidder: _____

is a corporation or other business entity with the following SCC identification number: _____ **-OR-**

is not a corporation, limited liability company, limited partnership, registered limited liability partnership, or business trust **-OR-**

is an out-of-state business entity that does not regularly and continuously maintain as part of its ordinary and customary business any employees, agents, offices, facilities, or inventories in Virginia (not counting any employees or agents in Virginia who merely solicit orders that require acceptance outside Virginia before they become contracts, and not counting any incidental presence of the bidder in Virginia that is needed in order to assemble, maintain, and repair goods in accordance with the contracts by which such goods were sold and shipped into Virginia from bidder's out-of-state location) **-OR-**

is an out-of-state business entity that is including with this bid an opinion of legal counsel which accurately and completely discloses the undersigned bidder's current contacts with Virginia and describes why those contacts do not constitute the transaction of business in Virginia within the meaning of § 13.1-757 or other similar provisions in Titles 13.1 or 50 of the Code of Virginia.

****NOTE**** >> Check the following box if you have not completed any of the foregoing options but currently have pending before the SCC an application for authority to transact business in the Commonwealth of Virginia and wish to be considered for a waiver to allow you to submit the SCC identification number after the due date for bids (the Commonwealth reserves the right to determine in its sole discretion whether to allow such waiver):



**ATTACHMENT D
 NORMAL AND EMERGENCY CONTACTS**

Contact Person's Name	
Cellular Telephone Number	
Beeper/Pager Number	
Telephone Number - Normal Work Hours	
Telephone Number - After Work Hours	
Fax Number	
E-mail Address	

Contact Person's Name	
Cellular Telephone Number	
Beeper/Pager Number	
Telephone Number - Normal Work Hours	
Telephone Number - After Work Hours	
Fax Number	
E-mail Address	

Contact Person's Name	
Cellular Telephone Number	
Beeper/Pager Number	
Telephone Number - Normal Work Hours	
Telephone Number - After Work Hours	
Fax Number	
E-mail Address	



ATTACHMENT E

SUBCONTRACTOR APPROVAL REQUEST

No portion of the work (including equipment) shall be subcontracted to another firm or individual **without prior written consent** of Virginia Department of Transportation (herein referred to as VDOT). In the event that the contractor desires to subcontract some part of the work specified herein, the contractor shall furnish VDOT with the names, qualifications, and experience of their proposed subcontractors for agency approval. The primary contractor shall, however, remain fully liable and responsible for the work performed by its subcontractor(s) and shall assure compliance with all requirements of the contract.

List proposed subcontractor(s), including name, address, contact person, and type of work to be performed under this contract below.

FIRM INDIVIDUAL'S NAME & ADDRESS	CONTACT PERSON AND PHONE NUMBER	TYPE OF WORK TO BE PERFORMED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TYPE OF EQUIPMENT PROPOSED SUBCONTRACTOR WILL PROVIDE

QUALIFICATIONS / EXPERIENCE LEVEL OF PROPOSED SUBCONTRACTOR

Please indicate which above proposed subcontractors are certified (with DSBSD) as Small, Women Owned or Minority Businesses.

Certification Number(s): _____

FOR VDOT USE ONLY:

The proposed subcontractor(s) listed above is/are approved and accepted under the terms and conditions of the contract requirements herein.

Signature of Authorized VDOT Representative	Date	Telephone Number
_____	_____	_____