

SMALL BUSINESS PARTICIPATION COMMITMENT DOCUMENT

The information that you provide will be used to evaluate your proposed participation/commitment to use U.S. small businesses in the performance of this acquisition relative to the objectives set forth in the solicitation.

- (a) Submit the total combined percentage of work to be performed by Other than Small Businesses, and Small Businesses (include the percentage of work to be performed both by Prime and Subcontractors). Percentages are to be based on total contract value, including options.

Example: If Prime proposes a total contract value of \$1,000,000 (including all options), and small business(es) will provide \$400,000 in services/supplies as a prime or subcontractor, the % planned for small businesses is 40%; and 60% for other than small business equaling 100%.

Percent of total contract value planned for:

Other than Small Business(es)	_____ % = \$ _____
Small Business(es)	_____ % = \$ _____
	100% = Total Contract Value

When combined, Other than Small, and Small Business totals must equal 100%

Percent of total contract value planned for:

Prime	_____ % = \$ _____
Subcontractors	_____ % = \$ _____
	100% = Total Contract Value

When combined, Prime and Subcontracted totals must equal 100%

- (b) Please indicate the total percentage of participation to be performed by each type of subcategory small business. The percentage of work performed by Small Businesses that qualify in multiple small business categories shall be counted in each category:

Example: If the Total Contract Value were \$1,000,000 and Prime allocates \$200,000 to Subcontractor A (a WOSB and SDVOSB) and \$200,000 to Subcontractor B (a SDB and WOSB) the Offeror would allocate \$400,000 in the small business category (40%), \$200,000 in the SDB Category (20%), \$400,000 in the WOSB category (40%), \$200,000 in the VOSB (20%), and \$200,000 in the SDVOSB (20%) categories.

Small Disadvantaged Business	_____ %
Women-Owned Small Business	_____ %

HUBZone Small Business	_____ %
Veteran-Owned Small Business	_____ %
Service-Disabled Veteran-Owned Small Business	_____ %

(c) List principle supplies/services to be performed by Small Businesses:

Example: If a Small Business qualifies also as a WOSB and a SDVOSB, and you can add them to each category below in which they qualify

Name of Company	Identify Type of Service/Supply
Small Business (SB):	
_____	_____
_____	_____
Small Disadvantaged Business (SDB):	
_____	_____
_____	_____
Women-Owned Small Business (WOSB):	
_____	_____
_____	_____
Historically Underutilized Business Zone (HUBZone):	
_____	_____
_____	_____
Veteran-Owned Small Business (VOSB):	
_____	_____
_____	_____
Service-Disabled Veteran-Owned Small Business (SDVOSB):	
_____	_____
_____	_____