

**ATTACHMENT F**  
**SMALL BUSINESS PARTICIPATION COMMITMENT DOCUMENT (SBPCD)**  
**N40080-23-R-0020**

This form is to be completed by **all** Offerors (both large and small businesses) in order to provide supporting information for evaluation of Factor 5, Small Business Utilization and Participation. **Round all percentages to the nearest tenth of a percent (i.e., include only 1 number after the decimal point).**

**1. Offeror Info:**

**Offeror Name:** \_\_\_\_\_

Applicable size category for the Offeror under the NAICS Code identified (check one):  
 Large Business (LB)   
 Small Business (SB)

If the Offeror is a Small Business, check all socioeconomic categories that apply to the Offeror.  
 Historically Underutilized Business Zone Small Business (HUBZone SB)   
 Woman-Owned Small Business (WOSB)   
 Economically Disadvantaged Woman-Owned Small Business (EDWOSB)   
 Small Disadvantaged Business (SDB)   
 Veteran-Owned Small Business (VOSB)   
 Service-Disabled Veteran-Owned Small Business (SDVOSB)   
 NONE

If none of the socioeconomic categories apply to the Offeror, check NONE.

**2. Subcontracting Breakdown:**

a. Total <b>MACC</b> value (sum of b + c):	\$ _____	<b>100%</b>
b. Estimated value of all planned subcontracting (inclusive of all planned subcontracting to all businesses, regardless of size):	\$ _____	% of 2.a
c. Estimated value of all work to be self-performed by Offeror's workforce:	\$ _____	% of 2.a

**3. Subcontracts for products and services to be awarded under this contract:**

**a. Large Business:**

Name of Subcontractor	Type and Complexity of Product/Service	Type of Commitment to Subcontractor:	Estimated Subcontract Value
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Agreement:	
UEI NUMBER		Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO Date of the LOC:  Other Type of Commitment:  <input type="checkbox"/> YES <input type="checkbox"/> NO Other Commitment Date:	\$ _____
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Agreement:	
UEI NUMBER		Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____

		Date of the LOC: Other Type of Commitment: <input type="checkbox"/> YES <input type="checkbox"/> NO Other Commitment Date:	
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Agreement: Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO Date of the LOC:	\$ _____
UEI NUMBER		Other Type of Commitment: <input type="checkbox"/> YES <input type="checkbox"/> NO Other Commitment Date:	
1. This number represents total planned <b>subcontracting</b> dollars under this contract that will go to <b>subcontractors</b> who are <b>Large Business</b> concerns. Read Note 3 before completing.			\$ _____

**b. Small Business:**

Name of Subcontractor	Type and Complexity of Product/Service	Type of Commitment to Subcontractor:	Estimated Subcontract Value
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Agreement: Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO Date of the LOC:	\$ _____
UEI NUMBER		Other Type of Commitment: <input type="checkbox"/> YES <input type="checkbox"/> NO Other Commitment Date:	
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Agreement: Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO Date of the LOC:	\$ _____
UEI NUMBER		Other Type of Commitment: <input type="checkbox"/> YES <input type="checkbox"/> NO Other Commitment Date:	
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____



UEI NUMBER		Date of Agreement:  Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO Date of the LOC:  Other Type of Commitment:  <input type="checkbox"/> YES <input type="checkbox"/> NO Other Commitment Date:	
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Agreement:	
UEI NUMBER		Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO Date of the LOC:  Other Type of Commitment:  <input type="checkbox"/> YES <input type="checkbox"/> NO Other Commitment Date:	\$ _____

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|--|----------------|
| 1. This number represents total planned <b>subcontracting</b> dollars under this contract that will go to <b>subcontractors</b> who are qualified HUBZone SB concerns certified by the Small Business Administration (SBA). Read Note 3 before completing. | \$ _____       |
| 2. <b>If the Offeror is a HUBZone SB concern</b> , enter the dollar amount that the Offeror will self-perform (line 2.c).  | \$ _____       |
| 3. Total planned dollars under this contract that will go to <b>HUBZone SB</b> concerns (sum of 3.c.1 + 3.c.2):  | \$ _____       |
| 4. Total proposed <b>HUBZone SB</b> participation requirement (in terms of percentage of total contract value):  | _____ % of 2.a |

**d. WOSB/EDWOSB:**

Name of Subcontractor	Type and Complexity of Product/Service	Type of Commitment to Subcontractor:	Estimated Subcontract Value
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Agreement:	
UEI NUMBER		Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO Date of the LOC:  Other Type of Commitment:  <input type="checkbox"/> YES <input type="checkbox"/> NO Other Commitment Date:	\$ _____
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Agreement:	
UEI NUMBER		Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____

		Date of the LOC: Other Type of Commitment: <input type="checkbox"/> YES <input type="checkbox"/> NO Other Commitment Date:	
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Agreement: Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO Date of the LOC:	\$ _____
UEI NUMBER		Other Type of Commitment: <input type="checkbox"/> YES <input type="checkbox"/> NO Other Commitment Date:	
1. This number represents total planned <b>subcontracting</b> dollars under this contract that will go to <b>subcontractors</b> who are small business concerns 51% owned and controlled by one or more women. Read Note 3 before completing.			\$ _____
2. <b>If the Offeror is a WOSB/EDWOSB concern</b> , enter the dollar amount that the Offeror will self-perform (line 2.c).			\$ _____
3. Total planned dollars under this contract that will go to <b>WOSB/EDWOSB</b> concerns (sum of 3.d.1 + 3.d.2):			\$ _____
4. Total proposed <b>WOSB/EDWOSB</b> participation requirement (in terms of percentage of total contract value):			_____ % of 2.a
<b>e. SDB:</b>			
Name of Subcontractor	Type and Complexity of Product/Service	Type of Commitment to Subcontractor:	Estimated Subcontract Value
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Agreement: Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO Date of the LOC:	\$ _____
UEI NUMBER		Other Type of Commitment: <input type="checkbox"/> YES <input type="checkbox"/> NO Other Commitment Date:	
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Agreement: Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO Date of the LOC:	\$ _____
UEI NUMBER		Other Type of Commitment: <input type="checkbox"/> YES <input type="checkbox"/> NO	

		Other Commitment Date:	
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Agreement:	
UEI NUMBER		Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO Date of the LOC:	\$ _____
		Other Type of Commitment:  <input type="checkbox"/> YES <input type="checkbox"/> NO Other Commitment Date:	
1. This number represents total planned <b>subcontracting</b> dollars under this contract that will go to <b>subcontractors</b> who are small business concerns owned and controlled by one or more socially and economically disadvantaged individuals (include in this category the planned subcontracting dollars to HBCU/MIs, and the planned subcontracting dollars to ANCs and Indian Tribes). Read Note 3 before completing.			\$ _____
2. <b>If the Offeror is a SDB concern</b> , enter the dollar amount that the Offeror will self-perform (line 2.c).			\$ _____
3. Total planned dollars under this contract that will go to <b>SDB</b> concerns (sum of 3.e.1 + 3.e.2):			\$ _____
4. Total proposed <b>SDB</b> participation requirement (in terms of percentage of total contract value):			_____ % of 2.a
<b>f. VOSB:</b>			
Name of Subcontractor	Type and Complexity of Product/Service	Type of Commitment to Subcontractor:	Estimated Subcontract Value
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Agreement:	
UEI NUMBER		Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO Date of the LOC:	\$ _____
		Other Type of Commitment:  <input type="checkbox"/> YES <input type="checkbox"/> NO Other Commitment Date:	
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Agreement:	
UEI NUMBER		Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO Date of the LOC:	\$ _____
		Other Type of Commitment:  <input type="checkbox"/> YES <input type="checkbox"/> NO	

		Other Commitment Date:	
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Agreement:	
UEI NUMBER		Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO Date of the LOC:	\$ _____
		Other Type of Commitment:  <input type="checkbox"/> YES <input type="checkbox"/> NO Other Commitment Date:	
1. This number represents total planned <b>subcontracting</b> dollars under this contract that will go to <b>subcontractors</b> who are small business concerns 51% owned and controlled by one or more qualifying veterans ( <b>include in this category the planned subcontracting dollars to SDVOSB concerns shown in 3.g below</b> ). Read Note 3 before completing.			\$ _____
2. <b>If the Offeror is a VOSB concern</b> , enter the dollar amount that the Offeror will self-perform (line 2.c).			\$ _____
3. Total planned dollars under this contract that will go to <b>VOSB</b> concerns (sum of 3.f.1 + 3.f.2):			\$ _____
4. Total proposed <b>VOSB</b> participation requirement (in terms of percentage of total contract value):			_____ % of 2.a
<b>g. SDVOSB:</b>			
Name of Subcontractor	Type and Complexity of Product/Service	Type of Commitment to Subcontractor:	Estimated Subcontract Value
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Agreement:	
UEI NUMBER		Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO Date of the LOC:	\$ _____
		Other Type of Commitment:  <input type="checkbox"/> YES <input type="checkbox"/> NO Other Commitment Date:	
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Agreement:	
UEI NUMBER		Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO Date of the LOC:	\$ _____
		Other Type of Commitment:  <input type="checkbox"/> YES <input type="checkbox"/> NO	

		Other Commitment Date:	
		Teaming Agreement (TA) <input type="checkbox"/> YES <input type="checkbox"/> NO Date of Agreement:	
UEI NUMBER		Letter of Commitment <input type="checkbox"/> YES <input type="checkbox"/> NO Date of the LOC:	\$ _____
		Other Type of Commitment:  <input type="checkbox"/> YES <input type="checkbox"/> NO Other Commitment Date:	
1.	This number represents total planned <b>subcontracting</b> dollars under this contract that will go to <b>subcontractors</b> who are small business concerns 51% owned and controlled by one or more qualifying service-disabled veterans. Read Note 3 before completing.		\$ _____
2.	<b>If the Offeror is a SDVOSB concern</b> , enter the dollar amount that the Offeror will self-perform (line 2.c).		\$ _____
3.	Total planned dollars under this contract that will go to <b>SDVOSB</b> concerns (sum of 3.g.1 + 3.g.2):		\$ _____
4.	Total proposed <b>SDVOSB</b> participation requirement (in terms of percentage of total contract value):		_____ % of 2.a
<b>4. If the Offeror does not intend to subcontract, provide a detailed explanation why subcontracting would not result in efficient contract performance.</b>			
<p><b>Notes:</b></p> <p>(1) Lines 2.b + 2.c = 100% of Line 2.a</p> <p>(2) Lines 3.a + 3.b.1 = 100% of Line 2.b</p> <p>(3) Lines 3.a.1, 3.b.1, 3.c.1, 3.d.1, 3.e.1, 3.f.1 and 3.g.1 should include ALL planned subcontracting that fits within the category; this total is inclusive of the named subcontractors above, BUT NOT LIMITED TO named subcontractors. For example, you may have some portion of subcontracting to a SB that does not represent a specific teaming agreement, letter of commitment, Mentor Protégé agreement, etc. As long as it represents work you are committing to SB, you may add it to the value of the subcontracts above to arrive at a total planned subcontracting for each category.</p> <p>(4) Subcontracts to companies that qualify in multiple categories of SB must be reported under each category. For example: if you are planning to subcontract \$100,000 to company ABC, a woman-owned, small disadvantaged business that is also a certified HUBZone SB, you will report \$100,000 in block 3.b (SB), 3.c (HUBZone SB), 3.d (WOSB) and 3.e (SDB).</p> <p>(5) The sum of 3.c.1 through 3.g.1 does not automatically equate to the value of line 3.b.1.</p> <p>(6) Designated HUBZone SB concerns must be certified by SBA.</p> <p>(7) Large business Offerors selected for award shall be required to submit an acceptable Small Business Subcontracting Plan incorporating the proposed subcontract values and any specifically identified small business concerns. The Small Business Subcontracting Plan shall also include small business subcontracting goals that meet or exceed the minimum small business subcontracting targets stated in the solicitation. If the Offeror fails to negotiate an acceptable subcontracting plan, the Offeror will be ineligible for award.</p>			

(8) *This form may be expanded as needed.*