

## CITY OF SAN ANTONIO SUBCONTRACTOR/SUPPLIER UTILIZATION PLAN

SOLICTATION NAME: Zarzamora IH 35 Gateway Art Project

	PRIME CONTRACTOR NAME: Cal-Tex Interiors, INc.	
Please review the following information before completing the form:	Cal-Tex Interiors, INC.	

- 1. NO API HAS BEEN APPLIED TO THE SOLICITATION.
- 2 Prime contractor must list ALL certified and non-certified Subcontractors/Suppliers that will be utilized for the entire contract period
- μ To be SBEDA eligible, a Prime contractor or Subcontractor must be certified as a Small Business Enterprise (SBE) through the South Central Texas Regional Certification Agency (www.SCTRCA.org) AND must be headquartered or have a significant business presence in the San Antonio Metropolitan Statistical Area.

For further clarification, please contact Small Business Office at (210) 207-3922 or refer to the SBEDA language within the solicitation document(s).

SUB	SUB	BUS	SUB	BUS	PRIME CONTRACTOR	ROLE
					Cal-Tex Intelriors, INc.	NAME OF FIRM
					Yes	SBEDA ELIGIBLE (YES/NO)
4	◀ , ,	2.	•	1	•	DOLLAR AMOUNT BY FIRM
					100	% OF TOTAL CONTRACT VALUE BY FIRM
			W.			WORK TO BE PREFORMED (5 DIGIT NIGP CODE)

Director or Designee of Economic	Prime Contractor's Authorized Agent: Si	I hereby affirm that the information on this form is true and complete to the best of my knowledge and belief. I possess internal documentation from all proposed Subcontractors/Suppliers confirming their intent to perform the scope of work for the price or percentage indicated. I understand and agree that if approved, this document shall be attached thereto and become a binding part of the contract.
Jate C bac and	gn and Date	his form is to r intent to p scome a bind
	Sign and Date Manage State Colors	rue and complete to the best of a serform the scope of work for the sing part of the contract.
	Name	my knowle e price or
	James Hares	percentage indicat
	$\Box$	ossess internal c ed. I understand
V	Title Posidion	e and belief. I possess internal documentation from all proposed centage indicated. I understand and agree that if approved, this

**Development**:

Sign and Date

☐ APPROVED

☐ DENIED

Version: 7/15/16 pg.1

All sections of the following table must be completed for all firms listed. List all <u>certified or non-certified</u> Subcontractors/Suppliers that will be utilized for the entire contract period, excluding possible extensions, renewals and/or alternates. Use additional pages if necessary.

SUB	ROLE														
															NAME OF FIRM
		•		1	•								1	- 1	SBEDA ELIGIBLE (YES/NO)
													*		DOLLAR /
															MOUNT BY FIRM % OF TOTAL CONTRACT VALUE BY FIRM
									22						WORK TO BE PREFORMED (5 DIGIT NIGP CODE)