

RFP# NNG15470444R

Proposing Entity:

EXHIBIT 1

PRIME OFFEROR

CORE REQUIREMENTS

SUMMARY OF ESTIMATED COST PLUS FIXED FEE

Elements of Cost	Base		Option 1		Option 2	GRAND TOTAL
	Government Fiscal Year (GFY) 2017^	GFY 2018	GFY 2019	GFY 2020	GFY 2021^^	
TOTAL PRIME PLUS SIGNIFICANT SUBCONTRACTOR DIRECT LABOR HOURS						
TOTAL ESTIMATED COST						
FIXED FEE						
TOTAL COST PLUS FIXED FEE						

^GFY 2017 (Contract Effective Date October 1, 2016 through September 30, 2017)

^^GFY 2021 (October 1, 2020 Through September 30, 2021 Contract Completion )

This exhibit contains Source Selection Information. See FAR 3.104.

RFP# NNG15470444R						
Proposing Entity:						
EXHIBIT 2						
PRIME OFFEROR						
CORE REQUIREMENTS						
ELEMENTS OF COST BY WORK BREAKDOWN STRUCTURE (WBS)						
WBS Level _____						
	Base		Option 1		Option 2	
Elements of Cost	Government Fiscal Year (GFY) 2017 <sup>^</sup>	GFY 2018	GFY 2019	GFY 2020	GFY 2021 <sup>^^</sup>	GRAND TOTAL
<b>Direct Labor (DL) Hours:</b>						
Prime Onsite DL Hours (Derived from Exhibit 2-A)						
<b>Total Prime Direct Labor Hours</b>						
Significant Subcontractor Onsite DL Hours*: (List total hours separately by company)						
<b>Total Significant Subcontractor Direct Labor Hours</b>						
<b>TOTAL PRIME AND SIGNIFICANT SUBCONTRACTOR DIRECT LABOR HOURS</b>						
<b>Direct Labor Costs:</b>						
Prime Onsite DL Costs (Derived from Exhibit 2-A)						
<b>TOTAL PRIME DIRECT LABOR COSTS</b>						
<b>Overhead:</b>						
Onsite						
<b>TOTAL OVERHEAD</b>						
<b>Other Direct Costs (ODCs):</b>						
Significant Subcontracts (list separately by company)**						
Other Subcontracts						
Material	\$ 6,253,021	\$ 6,253,021	\$ 6,253,021	\$ 6,253,021	\$ 6,253,021	\$ 31,265,105
Travel	\$ 705,892	\$ 730,598	\$ 756,169	\$ 778,854	\$ 802,220	\$ 3,773,733
Other (Specify)						
<b>TOTAL ODCs</b>						
<b>SUBTOTAL COST</b>						
<b>G&amp;A</b>						
<b>TOTAL ESTIMATED COST</b>						
<b>FIXED FEE PERCENTAGE</b>						
<b>FIXED FEE</b>						
<b>TOTAL COST PLUS FIXED FEE</b>						
*Significant Subcontractor (>25% of proposed Core estimated value (Base and all Option periods)) - Insert Direct Labor Hours Only						
**List each significant subcontractor separately by company - Insert Total Costs and Fees						
<sup>^</sup> GFY 2017 (Contract Effective Date October 1, 2016 through September 30, 2017)						
<sup>^^</sup> GFY 2021 (October 1, 2020 Through September 30, 2021 Contract Completion )						
Offerors may adjust elements of cost to be consistent with your current accounting system.						
<b>This exhibit contains Source Selection Information. See FAR 3.104.</b>						



RFP# NNG15470444R						
Proposing Entity:						
EXHIBIT 2-B						
SIGNIFICANT SUBCONTRACTOR						
CORE REQUIREMENTS						
ELEMENTS OF COST BY WORK BREAKDOWN STRUCTURE (WBS)						
WBS Level _____						
	Base		Option 1		Option 2	
Elements of Cost	Government Fiscal Year (GFY) 2017^	GFY 2018	GFY 2019	GFY 2020	GFY 2021^^	GRAND TOTAL
<b>Direct Labor (DL) Hours:</b>						
Onsite DL Hours (Derived from <i>Exhibit 2-A</i> )						
<b>TOTAL DIRECT LABOR HOURS</b>						
<b>Direct Labor Costs:</b>						
Onsite DL Costs (Derived from <i>Exhibit 2-A</i> )						
<b>TOTAL DIRECT LABOR COSTS</b>						
<b>Overhead:</b>						
Onsite						
<b>TOTAL OVERHEAD</b>						
<b>Other Direct Costs (ODCs):</b>						
Other Subcontracts						
Material						
Travel						
Other (Specify)						
<b>TOTAL ODCs</b>						
<b>SUBTOTAL COST</b>						
<b>G&amp;A</b>						
<b>TOTAL ESTIMATED COST</b>						
<b>FEE/PROFIT PERCENTAGE</b>						
<b>FEE/PROFIT</b>						
<b>TOTAL COST PLUS FIXED FEE/PROFIT</b>						
^GFY 2017 (Contract Effective Date October 1, 2016 through September 30, 2017)						
^^GFY 2021 (October 1, 2020 Through September 30, 2021 Contract Completion )						
Offerors may adjust elements of cost to be consistent with your current accounting system.						
<b>This exhibit contains Source Selection Information. See FAR 3.104.</b>						

RFP# NNG15470444R							
Proposing Entity:							
EXHIBIT 3							
PRIME OFFEROR							
CORE REQUIREMENTS							
SUMMARY OF ESTIMATED COST AND <i>FIXED FEE</i>							
FOR SLIP MONTHS STARTING AFTER THE END OF OPTION 2 PERIOD OF PERFORMANCE							
Elements of Cost	Slip Month 1 (10/2021)	Slip Month 2 (11/2021)	Slip Month 3 (12/2021)	Slip Month 4 (01/2022)	Slip Month 5 (02/2022)	Slip Month 6 (03/2022)	TOTAL
<b>Direct Labor (DL) Hours:</b>							
Prime Onsite DL Hours							
<b>Total Prime Direct Labor Hours</b>							
Significant Subcontractor Onsite DL Hours*: (List separately by company)							
<b>Total Significant Subcontractor Direct Labor Hours</b>							
<b>TOTAL PRIME AND SIGNIFICANT SUBCONTRACTOR DIRECT LABOR HOURS</b>							
<b>Direct Labor Costs:</b>							
Prime Onsite DL Costs							
<b>TOTAL PRIME DIRECT LABOR COSTS</b>							
<b>Overhead:</b>							
Onsite							
<b>TOTAL OVERHEAD</b>							
<b>Other Direct Costs (ODCs):</b>							
Significant Subcontracts (list separately by company)**							
Other Subcontracts							
Material	\$ 521,085	\$ 521,085	\$ 521,085	\$ 521,085	\$ 521,085	\$ 521,085	\$ 3,126,510
Travel	\$ 69,192	\$ 69,192	\$ 69,192	\$ 69,192	\$ 69,192	\$ 69,192	\$ 415,152
Other (Specify)							
<b>TOTAL ODCs</b>							
<b>SUBTOTAL COST</b>							
<b>G&amp;A</b>							
<b>TOTAL ESTIMATED COST</b>							
<b>FIXED FEE PERCENTAGE</b>							
<b>FIXED FEE</b>							
<b>TOTAL COST PLUS FIXED FEE</b>							
*Significant Subcontractor (>25% of proposed Core value (Base and all Option periods)) - Insert Direct Labor Hours Only							
**List each significant subcontractor separately by company - Insert Total Costs and Fees							
Offerors may adjust elements of cost to be consistent with your current accounting system.							
This exhibit contains Source Selection Information. See FAR 3.104.							

RFP# NNG15470444R

Proposing Entity:

EXHIBIT 3-A

SIGNIFICANT SUBCONTRACTOR

**CORE REQUIREMENTS**

**SUMMARY OF ESTIMATED COST AND FEE/PROFIT**

FOR SLIP MONTHS STARTING AFTER THE END OF OPTION 2 PERIOD OF PERFORMANCE

Elements of Cost	Slip Month 1 (10/2021)	Slip Month 2 (11/2021)	Slip Month 3 (12/2021)	Slip Month 4 (01/2022)	Slip Month 5 (02/2022)	Slip Month 6 (03/2022)	TOTAL
<b>Direct Labor (DL) Hours:</b>							
Onsite DL Hours							
<b>TOTAL DIRECT LABOR HOURS</b>							
<b>Direct Labor Costs:</b>							
Onsite DL Costs							
<b>TOTAL DIRECT LABOR COSTS</b>							
<b>Overhead:</b>							
Onsite							
<b>TOTAL OVERHEAD</b>							
<b>Other Direct Costs (ODCs):</b>							
Other Subcontracts							
Material							
Travel							
Other (Specify)							
<b>TOTAL ODCs</b>							
<b>SUBTOTAL COST</b>							
<b>G&amp;A</b>							
<b>TOTAL ESTIMATED COST</b>							
<b>FEE/PROFIT PERCENTAGE</b>							
<b>FEE/PROFIT</b>							
<b>TOTAL COST PLUS FIXED FEE/PROFIT</b>							

Offerors may adjust elements of cost to be consistent with your current accounting system.

**This exhibit contains Source Selection Information. See FAR 3.104.**

<b>RFP# NNG15470444R</b>			
<b>Proposing Entity:</b>			
<input type="checkbox"/> Prime Offeror OR <input type="checkbox"/> Significant Subcontractor			
<b>EXHIBIT 4</b>			
<b>SUMMARY OF INDIRECT RATES</b>			
	<b>Overhead Onsite</b>	<b>G&amp;A Expense</b>	<b>Other (Identify)**</b>
	<b>Rate</b>	<b>Rate</b>	<b>Rate</b>
<b>Government Fiscal Year 2017</b>			
*Portion of Contractor FY From: _____ to _____			
*Portion of Contractor FY From: _____ to _____			
<b>Government Fiscal Year 2017 Composite</b>			
<b>Government Fiscal Year 2018</b>			
*Portion of Contractor FY From: _____ to _____			
*Portion of Contractor FY From: _____ to _____			
<b>Government Fiscal Year 2018 Composite</b>			
<b>Government Fiscal Year 2019</b>			
*Portion of Contractor FY From: _____ to _____			
*Portion of Contractor FY From: _____ to _____			
<b>Government Fiscal Year 2019 Composite</b>			
<b>Government Fiscal Year 2020</b>			
*Portion of Contractor FY From: _____ to _____			
*Portion of Contractor FY From: _____ to _____			
<b>Government Fiscal Year 2020 Composite</b>			
<b>Government Fiscal Year 2021</b>			
*Portion of Contractor FY From: _____ to _____			
*Portion of Contractor FY From: _____ to _____			
<b>Government Fiscal Year 2021 Composite</b>			
<b>Government Fiscal Year 2022</b>			
*Portion of Contractor FY From: _____ to _____			
*Portion of Contractor FY From: _____ to _____			
<b>Government Fiscal Year 2022 Composite</b>			
<b>BASE OF APPLICATION - INDIRECT RATE APPLIED AGAINST (Specific Base)***</b>			
*Explain Basis of Allocation of Contractor FY Rates to Obtain Government FY Rates			
**If Multiple "Other" Indirect Rates - Add additional columns and specify each individually			
***Explanation of Base of Application			
<b>This exhibit contains Source Selection Information. See FAR 3.104.</b>			

RFP# NNG15470444R

Proposing Entity:

Prime Offeror OR  Significant Subcontractor

**EXHIBIT 5**

**SUMMARY OF RECURRING OTHER DIRECT COSTS (ODCs) / COST ESTIMATING RELATIONSHIPS (CERs)**

	Specify ODC*	Specify ODC*	Specify ODC*	Specify ODC*
	Percentage/Rate/Amount**	Percentage/Rate/Amount**	Percentage/Rate/Amount**	Percentage/Rate/Amount**
<b>Government Fiscal Year 2017</b>				
*Portion of Contractor FY From: _____ to _____				
*Portion of Contractor FY From: _____ to _____				
<b>Government Fiscal Year 2017 Composite</b>				
<b>Government Fiscal Year 2018</b>				
*Portion of Contractor FY From: _____ to _____				
*Portion of Contractor FY From: _____ to _____				
<b>Government Fiscal Year 2018 Composite</b>				
<b>Government Fiscal Year 2019</b>				
*Portion of Contractor FY From: _____ to _____				
*Portion of Contractor FY From: _____ to _____				
<b>Government Fiscal Year 2019 Composite</b>				
<b>Government Fiscal Year 2020</b>				
*Portion of Contractor FY From: _____ to _____				
*Portion of Contractor FY From: _____ to _____				
<b>Government Fiscal Year 2020 Composite</b>				
<b>Government Fiscal Year 2021</b>				
*Portion of Contractor FY From: _____ to _____				
*Portion of Contractor FY From: _____ to _____				
<b>Government Fiscal Year 2021 Composite</b>				
<b>Government Fiscal Year 2022</b>				
*Portion of Contractor FY From: _____ to _____				
*Portion of Contractor FY From: _____ to _____				
<b>Government Fiscal Year 2022 Composite</b>				
<b>BASE OF APPLICATION - INDIRECT RATE APPLIED AGAINST (Specific Base)***</b>				

\*Explain Basis of Allocation of Contractor FY Rates to Obtain Government FY Rates

\*\*If Multiple "Other" Indirect Rates - Add additional columns and specify each individually

\*\*\*Explanation of Base of Application

**This exhibit contains Source Selection Information. See FAR 3.104.**



RFP# NNG15470444R

Proposing Entity:  
 Prime Offeror OR  Significant Subcontractor

**EXHIBIT 6-B**  
**GENERAL AND ADMINISTRATIVE (G&A) EXPENSE POOL (Composition of Burden Pool)**

OFFEROR'S FISCAL YEAR BEGINS \_\_\_\_\_ AND ENDS \_\_\_\_\_.

Cost Elements Within the G&A Expense Pool	Contractor	Contractor	Contractor	Contractor	Contractor	Contractor	Contractor	Contractor	Contractor
	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year	Fiscal Year
	Prior Yr 3	Prior Yr 2	Prior Yr 1	_____	_____	_____	_____	_____	_____
Labor:									
Labor Related Cost:									
B&P									
IR&D									
Corporate Allocations:									
Other (Specify):									
<b>Total G&amp;A Pool Expenses</b>									
<b>Base of Distribution (identify) Dollars:</b>									
Existing Base									
Forecasted Base*									
<b>Contractor FY Rate (%)</b>									
<b>Conversion of Contractor FY Overhead Rate to Government Fiscal Year (GFY)</b>				Phase-In + Base Period	Base Period	Option 1	Option 1	Option 2	6 Slip Months
				GFY 2017	GFY 2018	GFY 2019	GFY 2020	GFY 2021	GFY 2022
<b>Proposed G&amp;A Bid Rate by GFY</b>									

If more than one G&A Pool is proposed, submit a separate Exhibit 6-B for each Pool.

\*Provide details of the forecasted base.

**This exhibit contains Source Selection Information. See FAR 3.104.**





<b>RFP# NNG15470444R</b>	
<b>Proposing Entity:</b>	
<input type="checkbox"/> Prime Offeror OR <input type="checkbox"/> Significant Subcontractor	
<b>EXHIBIT 11</b>	
<b>PHASE-IN COSTS</b>	
<b>Elements of Cost</b>	<b>Proposed Costs</b>
<b>DIRECT LABOR HOURS</b> <i>(Derived from Exhibit 11-A)</i>	
<b>DIRECT LABOR COST</b> <i>(Derived from Exhibit 11-A)</i>	
<b>OVERHEAD</b>	
<b>OTHER DIRECT COSTS:</b>	
Relocation	
Training	
Subcontracts	
Travel	
Other (detail)	
<b>TOTAL ODCS</b>	
<b>SUBTOTAL COSTS</b>	
<b>G&amp;A</b>	
<b>TOTAL COSTS</b>	
<b>PROFIT</b>	
<b>TOTAL FIRM FIXED PRICE</b>	
<b>This exhibit contains Source Selection Information. See FAR 3.104.</b>	





RFP# NNG15470444R

Proposing Entity:

Prime Offeror OR  Significant Subcontractor

**EXHIBIT 13**

**PRODUCTIVE WORK YEAR CALCULATION**

	Government Fiscal Year (GFY) 2017 <sup>^</sup>	GFY 2018	GFY 2019	GFY 2020	GFY 2021 <sup>^^</sup>	GFY 2022 <sup>^^^</sup>
Total Possible Hours in Year						
Less:						
Vacation in Hours						
Holidays in Hours						
Sick Leave in Hours						
Miscellaneous in Hours (specifically identify)						
<b>PRODUCTIVE WORK YEAR in Hours (Hours Actually Worked)</b>						

<sup>^</sup>GFY 2017 (Contract Effective Date October 1, 2016 through September 30, 2017)

<sup>^^</sup>GFY 2021 (October 1, 2020 Through September 30, 2021 Contract Completion)

<sup>^^^</sup>GFY 2022 (October 1, 2021 Through March 31, 2022 Slip Months)

**This exhibit contains Source Selection Information. See FAR 3.104.**

RFP# NNG15470444R

Proposing Entity:

Prime Offeror OR  Significant Subcontractor

**EXHIBIT 14-A**

**FRINGE BENEFITS (FB)**

**(Total Compensation Plan)**

**Exempt Employees**

**Company Or Division Name:**

**Employer Location(s):**

**Effective:**

Benefit Item	Total Cost of FB per Hour	Percentage AND Cost Per Hour of Employee Contribution		Percentage AND Cost Per Hour of Company Contribution		Remarks
		%	\$	%	\$	
Insurance Plans						
Health						
Life						
Dental						
Disability						
Other (List)						
Sick Leave						
Employee Savings						
Severance Pay						
Vacation						
Holidays						
Other (List)						
<b>Total Cost of FB</b>						

**NOTE:** This is a SAMPLE format only and reflects examples of fringe benefit items your company package may include. All costs should be shown in cents-per-hour (9 Holidays = \$.185). It is recognized that such costs will be averages for the different employee categories involved (EXEMPT, UNION, etc.). Each benefit item should be briefly highlighted. EXAMPLE: Vacation – “2 weeks after one year, 3 after seven years, and 4 after fifteen years.” Only company costs should be shown, if a specific benefit item is contributory by the employee, explain separately.

**This exhibit contains Source Selection Information. See FAR 3.104.**

RFP# NNG15470444R

Proposing Entity:

Prime Offeror OR  Significant Subcontractor

**EXHIBIT 14-B**

**FRINGE BENEFITS (FB)**

**(Total Compensation Plan)**

**Non-Exempt Employees**

**Company Or Division Name:**

**Employer Location(s):**

**Effective:**

Benefit Item	Total Cost of FB per Hour	Percentage AND Cost Per Hour of Employee Contribution		Percentage AND Cost Per Hour of Company Contribution		Remarks
		%	\$	%	\$	
Insurance Plans						
Health						
Life						
Dental						
Disability						
Other (List)						
Sick Leave						
Employee Savings						
Severance Pay						
Vacation						
Holidays						
Other (List)						
<b>Total Cost of FB</b>						

**NOTE:** This is a SAMPLE format only and reflects examples of fringe benefit items your company package may include. All costs should be shown in cents-per-hour (9 Holidays = \$.185). It is recognized that such costs will be averages for the different employee categories involved (EXEMPT, UNION, etc.). Each benefit item should be briefly highlighted. EXAMPLE: Vacation – “2 weeks after one year, 3 after seven years, and 4 after fifteen years.” Only company costs should be shown, if a specific benefit item is contributory by the employee, explain separately.

**This exhibit contains Source Selection Information. See FAR 3.104.**

RFP# NNG15470444R

Proposing Entity:

Prime Offeror OR  Significant Subcontractor

**EXHIBIT 15-A**

**Cognizant Defense Contract Audit Agency (DCAA) Office Information**

DCAA Online Info <http://www.dcaa.mil>

Submitting Entity:		DCAA Field Audit Office (FAO):	
Company Name:		DCAA FAO:	
POC:		POC:	
Phone Number:		Phone Number:	
FAX Number:		FAX Number:	
E-Mail Address:		E-Mail Address:	
Street:		Street:	
P.O.Box:		P.O.Box:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	

Note: The submitting entity audit point of contact (POC) and address provided above must be at a location where auditable records supporting the proposed amounts physically reside.

**This exhibit contains Source Selection Information. See FAR 3.104.**

<b>RFP# NNG15470444R</b>			
<b>Proposing Entity:</b>			
<input type="checkbox"/> Prime Offeror OR <input type="checkbox"/> Significant Subcontractor			
<b>EXHIBIT 15-B</b>			
<b>Cognizant Defense Contract Management Agency (DCMA) Office Information</b>			
DCMA Online Info <a href="http://www.dcma.mil">http://www.dcma.mil</a>			
<b>Submitting Entity:</b>		<b>DCMA Cognizant Office:</b>	
Company Name:		DCMA Office	
POC:		POC:	
Phone Number:		Phone Number:	
FAX Number:		FAX Number:	
E-Mail Address:		E-Mail Address:	
Street:		Street:	
P.O.Box:		P.O.Box:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	
<b>Disclosures:</b>			
	<u>Date</u>	<u>Audit Report #</u>	<u>Status</u>
Contractor Estimating System Review (CESR)			
Contractor Purchasing System Review (CPSR)			
Contractor Billing System Review			
Contractor Accounting System Review			
Contractor Disclosure Statement Accuracy			
Contractor Executive Compensation Review			
Contractor Property Management System			
Forward Pricing Rate Agreements			
Earned Value Management System (EVMS)			
Level of CAS applicability			
Determination of Cost Accounting Standards (CAS) applicability			
<b>Note: The submitting entity audit point of contact (POC) and address provided above must be at a location where auditable records supporting the proposed amounts physically reside.</b>			
<b>This exhibit contains Source Selection Information. See FAR 3.104.</b>			

RFP# NNG15470444R				
Proposing Entity:				
<input type="checkbox"/> Prime Offeror OR <input type="checkbox"/> Significant Subcontractor				
EXHIBIT 17-A				
SMALL BUSINESS SUBCONTRACTING PLAN GOALS				
BASE CONTRACT PERIOD ONLY				
(Core Requirements Plus IDIQ Maximum Ordering Value)				
(Including the 25% unilateral adjustment to the Maximum Ordering Value)				
SMALL BUSINESS CATEGORY	PROPOSED BASE CONTRACT GOALS <i>(Core Proposed Value plus IDIQ Max with 25% Adjustment) \$TBP</i>		PROPOSED BASE CONTRACT GOALS BASED ON TOTAL PLANNED SUBCONTRACTS OF \$TBP	
	Dollar Amount*	Percentage	Dollar Amount*	Percentage
Small Disadvantaged Business Concerns				
Women-Owned Small Business Concerns				
Historically Black Colleges and Universities/Other Minority Institutions				
HUBZone Small Business Concerns				
Veteran-Owned Small Business Concerns				
Service-Disabled Veteran-Owned Small Business Concerns				
Other Small Business Concerns				
<b>TOTAL SMALL BUSINESS SUBCONTRACTING</b>				
Large Business Concerns				
<b>TOTAL SUBCONTRACTING (SMALL &amp; LARGE BUSINESS CONCERNS)</b>				
* Dollar Amount should be the same				
<b>This exhibit contains Source Selection Information. See FAR 3.104.</b>				

RFP# NNG15470444R

Proposing Entity:

Prime Offeror OR  Significant Subcontractor

**EXHIBIT 17-B**

**SMALL BUSINESS SUBCONTRACTING PLAN GOALS**

**OPTION PERIODS ONLY**

**(Core Requirements Plus IDIQ Maximum Ordering Value)**

**(Including the 25% unilateral adjustment to the Maximum Ordering Value)**

SMALL BUSINESS CATEGORY	PROPOSED OPTION 1 GOALS (Core Proposed Value plus IDIQ Max with 25% Adjustment) \$TBP		PROPOSED OPTION 1 GOALS BASED ON OPTION 1 PLANNED SUBCONTRACTS OF \$TBP		PROPOSED OPTION 2 GOALS (Core Proposed Value plus IDIQ Max with 25% Adjustment) \$TBP		PROPOSED OPTION 2 GOALS BASED ON OPTION 2 PLANNED SUBCONTRACTS OF \$TBP	
	Dollar Amount*	Percentage	Dollar Amount*	Percentage	Dollar Amount**	Percentage	Dollar Amount**	Percentage
Small Disadvantaged Business Concerns								
Women-Owned Small Business Concerns								
Historically Black Colleges and Universities/Other Minority Institutions								
HUBZone Small Business Concerns								
Veteran-Owned Small Business Concerns								
Service-Disabled Veteran-Owned Small Business Concerns								
Other Small Business Concerns								
<b>TOTAL SMALL BUSINESS SUBCONTRACTING</b>								
Large Business Concerns								
<b>TOTAL SUBCONTRACTING (SMALL &amp; LARGE BUSINESS CONCERNS)</b>								

\* Dollar Amount should be the same

\*\* Dollar Amount should be the same

**This exhibit contains Source Selection Information. See FAR 3.104.**

RFP# NNG15470444R				
Proposing Entity:				
<input type="checkbox"/> Prime Offeror OR <input type="checkbox"/> Significant Subcontractor				
EXHIBIT 17-C				
SMALL BUSINESS SUBCONTRACTING PLAN GOALS				
BASE CONTRACT PERIOD PLUS TWO OPTION PERIODS				
(Core Requirements Plus IDIQ Maximum Ordering Value)				
(Including the 25% unilateral adjustment to the Maximum Ordering Value)				
SMALL BUSINESS CATEGORY	PROPOSED GOALS BASED ON TOTAL BASE CONTRACT VALUE PLUS THE VALUE OF 2 OPTIONS \$TBP		PROPOSED GOALS FOR THE TOTAL BASE CONTRACT PLUS 2 OPTIONS BASED ON PLANNED SUBCONTRACTS OF \$TBP	
	Dollar Amount*	Percentage	Dollar Amount*	Percentage
Small Disadvantaged Business Concerns				
Women-Owned Small Business Concerns				
Historically Black Colleges and Universities/Other Minority Institutions				
HUBZone Small Business Concerns				
Veteran-Owned Small Business Concerns				
Service-Disabled Veteran-Owned Small Business Concerns				
Other Small Business Concerns				
<b>TOTAL SMALL BUSINESS SUBCONTRACTING</b>				
Large Business Concerns				
<b>TOTAL SUBCONTRACTING (SMALL &amp; LARGE BUSINESS CONCERNS)</b>				
* Dollar Amount should be the same				
<b>This exhibit contains Source Selection Information. See FAR 3.104.</b>				