

SUMMARY SUBCONTRACT REPORT
(See instructions on reverse)

OMB No.: 9000-0007
Expires: 2/28/2010

Public reporting burden for this collection of information is estimated to average 16.2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (VIR), Regulatory and Federal Assistance Division, GSA, Washington, DC 20405.

1. CORPORATION, COMPANY OR SUBDIVISION COVERED			3. DATE SUBMITTED		
a. COMPANY NAME			4. REPORTING PERIOD: YEAR		
b. STREET ADDRESS					
c. CITY	d. STATE	e. ZIP CODE	<input type="checkbox"/> OCT 1 - MAR 31	<input type="checkbox"/> OCT 1 - SEPT 30	
2. CONTRACTOR IDENTIFICATION NUMBER			5. TYPE OF REPORT		
			<input type="checkbox"/> REGULAR	<input type="checkbox"/> FINAL	<input type="checkbox"/> REVISED

6. ADMINISTERING ACTIVITY (Please check applicable box)			
<input type="checkbox"/> ARMY	<input type="checkbox"/> DEFENSE CONTRACT MANAGEMENT AGENCY	<input type="checkbox"/> DOE	
<input type="checkbox"/> NAVY	<input type="checkbox"/> NASA	<input type="checkbox"/> OTHER FEDERAL AGENCY (Specify)	
<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> GSA		

7. REPORT SUBMITTED AS (Check one)		8. TYPE OF PLAN	
<input type="checkbox"/> PRIME CONTRACTOR	<input type="checkbox"/> INDIVIDUAL	IF PLAN IS A COMMERCIAL PLAN, SPECIFY THE PERCENTAGE OF THE DOLLARS ON THIS REPORT ATTRIBUTABLE TO THIS AGENCY.	
<input type="checkbox"/> SUBCONTRACTOR	<input type="checkbox"/> COMMERCIAL PRODUCTS		
<input type="checkbox"/> BOTH			

9. CONTRACTOR'S MAJOR PRODUCTS OR SERVICE LINES	
a	b

CUMULATIVE FISCAL YEAR SUBCONTRACT AWARDS (Report cumulative figures for reporting period in Block 4)

TYPE	WHOLE DOLLARS	PERCENT (To nearest tenth of a %)
10a. SMALL BUSINESS CONCERNS (Dollar Amount and Percent of 10c). (SEE SPECIFIC INSTRUCTIONS)		
10b. LARGE BUSINESS CONCERNS (Dollar Amount and Percent of 10c). (SEE SPECIFIC INSTRUCTIONS)		
10c. TOTAL (Sum of 10a and 10b).		100.0%
11. SMALL DISADVANTAGED BUSINESS CONCERNS (SDB) (Dollar Amount and Percent of 10c). (SEE SPECIFIC INSTRUCTIONS)		
12. WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS (Dollar Amount and Percent of 10c). (SEE SPECIFIC INSTRUCTIONS)		
13. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU) AND MINORITY INSTITUTIONS (If Applicable) (Dollar Amount and Percent of 10c). (SEE SPECIFIC INSTRUCTIONS)		
14. HUBZONE SMALL BUSINESS (HUBZone SB) CONCERNS (Dollar Amount and Percent of 10c). (SEE SPECIFIC INSTRUCTIONS)		
15. VETERAN-OWNED SMALL BUSINESS (VOSB) CONCERNS (Dollar Amount and Percent of 10c). (SEE SPECIFIC INSTRUCTIONS)		
16. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS (Dollar Amount and Percent of 10c). (SEE SPECIFIC INSTRUCTIONS)		
17. ALASKA NATIVE CORPORATIONS (ANCs) AND INDIAN TRIBES THAT HAVE NOT BEEN CERTIFIED BY THE SMALL BUSINESS ADMINISTRATION AS SMALL DISADVANTAGED BUSINESSES (Dollar Amount) (SEE SPECIFIC INSTRUCTIONS)		
18. ALASKA NATIVE CORPORATIONS (ANCs) AND INDIAN TRIBES THAT ARE NOT SMALL BUSINESSES (Dollar Amount) (SEE SPECIFIC INSTRUCTIONS)		

19. CONTRACTOR'S OFFICIAL WHO ADMINISTERS SUBCONTRACTING PROGRAM				
a. NAME		b. TITLE	c. TELEPHONE NUMBER	
			AREA CODE	NUMBER