

FINAL REPORT OF INDIVIDUAL SUBCONTRACTING PLAN

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| 1.a. CONTRACTOR'S NAME | 2.a. CONTRACTING ACTIVITY'S NAME | |
| b. ADDRESS | b. ADDRESS | |
| 3. CONTRACT NUMBER | 4. DATE FINAL SF 294 SUBMITTED | |
| 5. DID CONTRACTOR MEET ALL GOALS: <i>(Explain or document in Block 9, REMARKS, if the contractor applied good faith efforts.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If NO, explain in REMARKS)</i> | | |
| 6. DID CONTRACTOR COMPLY WITH ALL ELEMENTS NEGOTIATED IN THE SUBCONTRACTING PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If NO, explain in REMARKS)</i> | | |
| ADMINISTRATIVE CONTRACTING OFFICER ACTIONS | | |
| 7. WAS AN INCENTIVE FEE PER DFARS 252.219-7005 NEGOTIATED IN PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 8. DID CONTRACTOR WARRANT RECOMMENDATION OF LIQUIDATED DAMAGES PER FAR 52.219-16? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 9. REMARKS <i>(Use bond paper if additional space is required)</i> | | |
| 10.a. SMALL BUSINESS SPECIALIST SIGNATURE | 10.b. PHONE NO. | 10.c. DATE |
| 11.a. ADMINISTRATIVE CONTRACTING OFFICER SIGNATURE | 11. b. DATE | ENCLOSURE: SIF 294 REPORT |