

CPS ENERGY

SUBCONTRACTING DOCUMENTS

It is the policy of CPS Energy to ensure that small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses have the maximum practicable opportunity to participate as contractors and suppliers. It is CPS Energy's policy to assist these businesses to overcome barriers that may have, in the past, kept them from full and equal participation.

Respondents are required to furnish the subcontracting goals for this procurement. Failure to provide a response to this document may prohibit contract award at different management levels, up to our Board of Trustees.

Respondents may contact the CPS Energy Supplier Development Office at (210) 353-2474 or via email at cpsenergysubcontracting@cpsenergy.com for assistance in determining when subcontracting opportunities may or may not exist and completing any of the attached documents.

Respondent's (Company) Name:

Please select one of the following options and complete the applicable requirements:

1. **Respondent is submitting a Subcontracting Plan below.**
2. **Respondent is a small business, so no Subcontracting Plan is required.** To qualify as a small, veteran, service-disabled veteran, HUBZone, minority and/or woman-owned business, Respondent must enclose a completed CPS Energy Business Questionnaire certifying that it meets the stated requirements.
3. **Respondent will not be submitting a Subcontracting Plan, as this contract will not offer subcontracting possibilities.** Respondent shall state the specific reasons why this contract will not offer subcontracting possibilities and that all work will be performed by awarded contractor.

THE FOLLOWING SUBCONTRACTING PLAN (SECTIONS 1-6) DOES NOT NEED TO BE COMPLETED IF THE CONTRACTOR HAS DETERMINED NO SUBCONTRACTING OPPORTUNITIES EXIST OR IF A SUBCONTRACTING PLAN IS NOT REQUIRED.

SUBCONTRACTING PLAN

1. Subcontracting Commitment

- a. Company will provide a competitive opportunity for suppliers who are small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses, to qualify for and earn a share of the business current or long-term purchase volume, commensurate with the merits of their offerings and their proven qualifications or demonstrated performance as suppliers.
- b. Company has and will continue to utilize small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses to the greatest extent practicable consistent with efficient performance of all contracts or subcontracts.

2. Measures to Promote Equal Opportunities

- a. In order to ensure that small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses owned and controlled by socially and economically disadvantaged individuals will have an equitable opportunity to compete for subcontracts, Company shall:
 - i. Maintain a program designed to locate capable small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses for current and future subcontracting opportunities.
 - ii. Review company policies and procedures to assure and encourage equitable opportunity to small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses in letting subcontracts.
 - iii. Coordinate inquiries and requests for advice from small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses.
 - iv. Assure that participation of both large and small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses are accurately reported.
 - v. Review acquisition programs for possible breakout of items suitable for acquisition from both large and small, veteran-owned businesses, service-disabled veteran-owned businesses, HUBZone businesses, minority and woman-owned businesses.

3. Small, Service-Disabled Veteran, Veteran, HUBZone, Minority and Woman-Owned Businesses

- a. Company may view the Supplier Classification Report at www.cpsenergy.com to review CPS Energy registered suppliers to identify small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses.
- b. Company may request an approved listing of CPS Energy Suppliers by products or capabilities by emailing cpsenergysubcontracting@cpsenergy.com.

4. Records to be Maintained

- a. Company shall maintain the following records:
 - i. Small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses source lists, guides and other data identifying small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses contractors and suppliers.
 - ii. Organizations contacted for small, veteran, service-disabled veteran, HUBZone, minority and woman-owned business sources.

iii. Records to support award data submitted to CPS Energy.

5. Administrator of this Subcontracting Plan

- a. Company's assigned Administrator responsible for compiling data for the plan and for the regular reviewing, updating and implementation of this Subcontracting Plan throughout the duration of this contract:

Name of Administrator:

Phone Number of Administrator:

Email Address of Administrator:

Respondent (Company) Name:

Appendix - Anticipated Subcontractors

Company shall complete this appendix for each anticipated subcontractor, as applicable.

Subcontractor #1

Company Name:

Address:

City/ST/Zip:

Phone Number:

Email Address:

Type of material/services to be provided:

Dollars estimated to be subcontracted:

Check all that apply:

Small Business

HUBZone

Minority Owned

Woman Owned

Service-Disabled Veteran Owned

Veteran Owned

Additional Details:

Subcontractor #2

Company Name:

Address:

City/ST/Zip:

Phone Number:

Email Address:

Type of material/services to be provided:

Dollars estimated to be subcontracted:

Check all that apply:

Small Business

HUBZone

Minority Owned

Woman Owned

Service-Disabled Veteran Owned

Veteran Owned

Additional Details:

Subcontractor #3

Company Name:

Address:

City/ST/Zip:

Phone Number:

Email Address:

Type of material/services to be provided:

Dollars estimated to be subcontracted:

Check all that apply:

Small Business

HUBZone

Minority Owned

Woman Owned

Service-Disabled Veteran Owned

Veteran Owned

Additional Details:

Subcontractor #4

Company Name:

Address:

City/ST/Zip:

Phone Number:

Email Address:

Type of material/services to be provided:

Dollars estimated to be subcontracted:

Check all that apply:

Small Business

HUBZone

Minority Owned

Woman Owned

Service-Disabled Veteran Owned

Veteran Owned

Additional Details:

(Include any additional subcontractors in a separate attachment with your submittal.)