

# Sample Summary Subcontract Report (SSR)

## Step-by-Step Screen shots of Contractor Submission Process

## **Step 1: Instructions**



## **Step 2: Subcontracting Report**

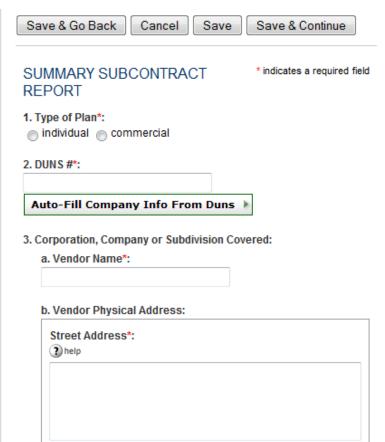


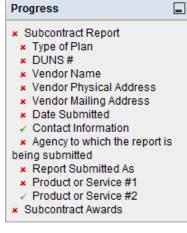
## summary subcontract reports

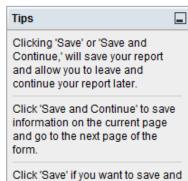
[show in a separate windo

## **New Report**

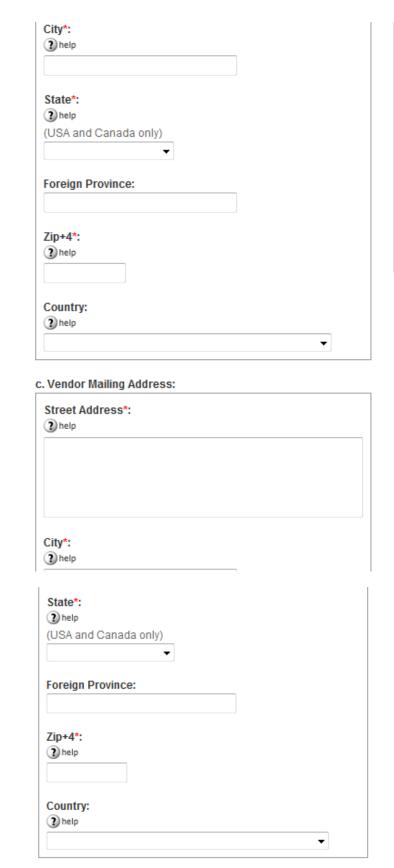








stay on the current page.



Click 'Cancel' to leave and continue your report later from the point you last saved. If you have not yet saved the report, clicking cancel will simply return to the reports list.

If you recieve an error notification: You can ignore errors and save your current information. You will be required to resolve all invalid form fields before you can review and submit your report.

Quickly skip to any page by clicking the steps in the left column.

# **Step 2 Subcontracting Report - Individual Plan Type Selected**

4. Date Submitted*:  select clear
5. Contact Information*:
Superior
6. Reporting Period:*:
Oct 1 - Mar 31 Oct 1 - Sept 30
a. Year*: 2009 ▼
7. Agency to which the report is being submitted*:
<b>▽</b>
8. Report Submitted As*:
prime contractor
subcontractor both
O DOUT
and the NAICS codes for the product/services lines under the approved subcontracting plan that the contractor provides to the agency for which this report is being submitted to.  a. Product or Service #1*:  i. NAICS Code # 1*:  click here for description of naics codes
b. Product or Service #2:
: NAICS Code # 2:
i. NAICS Code # 2: click here for description of naics codes
Save & Go Back Cancel Save Save & Continue

# **Step 2 Subcontracting Report - Commercial Plan Type Selected**

4. Date Submitted*:	
select clear	
5. Contact Information*:	
S .	
6. Reporting Period:*:	
Per the eSRS FAR interim rule the Commercial Plan reporting period	
is now on the Government's Fiscal Year(Oct-Sept)	
a. Year*:	
2009 ▼	
2000	
7. Report Submitted As*:	
prime contractor subcontractor	
o both	
8. Contractor's Major Products or Service Lines:	
This reflects the description of the two major products and/or services, and the NAICS codes for the product/services lines under the	
approved subcontracting plan that the contractor provides to the	
agency for which this report is being submitted to.	
a. Product or Service #1*:	
: NAICO C-1- #4*	
i. NAICS Code # 1*: click here for description of naics codes	
and not accompanie of the code	
b. Product or Service #2:	
i. NAICS Code # 2:	
aliala. Sanda arialian afarian anda	
click <u>here</u> for description of naics codes	
click <u>here</u> for description of naics codes	
click <u>here</u> for description of naics codes	
click <u>here</u> for description of naics codes	
Click here for description of naics codes  Save & Go Back   Cancel   Save   Save & Continue	

# **Step 3: Subcontract Awards – Individual Plan Type Selected**

summary su	bcontract reports			[show in a se	eparate wind
BACK TO LIST				2	
1 Instructions	Save & Go Back Cano	el Save Sav	e & Continue	Progress	_
Subcontracting Report	CUMULATIVE FISCAL SUBCONTRACT AWA			<ul> <li>✓ Subcontract Report</li> <li>★ Subcontract Awards</li> <li>★ Total Awards</li> <li>★ Small Business Awa</li> <li>✓ Remarks</li> </ul>	rds
3 Subcontract Awards		Whole Dollars	Percent	Name     Title     Phone Number	
4 Review	1a. SMALL BUSINESS CONCERNS	*		Certification     Name     Title	
5 Submit Report	1b. LARGE BUSINESS CONCERNS	*		Date     CEO Approval     Please enter the ema	ail address
*	1c. TOTAL		100	of the Government emplo and/or other person(s) to that you have submitted the	be notified
		Whole Dollars	Percent	Tips	•
	2. SMALL DISADVANTAGED BUSINESS (SDB) CONCERNS	*		Clicking 'Save' or 'Save ar Continue,' will save your r allow you to leave and co report later.	eport and
	3. WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS	*		Click 'Save and Continue' information on the curren go to the next page of the	t page and
	4. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU) AND MINORITY INSTITUTIONS (MI)  5. HUBZone SMALL BUSINESS (HUBZone SB)	*		Click 'Save' if you want to save stay on the current page.  Click 'Cancel' to leave and co your report later from the poin last saved. If you have not yet the report, clicking cancel will simply return to the reports lis	ntinue t you saved
	6. VETERAN-OWNED SMALL BUSINESS CONCERNS	*		If you recieve an error notifical You can ignore errors and sa your current information. You required to resolve all invalid fields before you can review a	tion: ve will be form
	7. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS	*		submit your report.  Quickly skip to any page by cli	cking
	8. ALASKA NATIVE CORPORATIONS (ANCs) AND INDIAN TRIBES THAT HAVE NOT BEEN CERTIFIED BY THE SMALL BUSINESS ADMINISTRATION AS SMALL DISADVANTAGED BUSINESSES	*		the steps in the left column.	
	9. ALASKA NATIVE CORPORATIONS (ANCs) AND INDIAN TRIBES THAT ARE NOT SMALL BUSINESSES	*			

Subconti shortfalls	tered (0) zero in the small business section of this report or meet the dollar or percentage goals in the Commercial racting Plan, use this section to explain the reason for any s and your future plan of action. You may also enter ions and/or comments you think will be helpful to the
	nent official who reviews this report.
This is the	ractors Official Who Administers Subcontracting Program ne name and contact information (telephone number and Idress) for the individual who administers the contractor's usiness Subcontracting Program.
	me*:
b. Tit	ia*·
D. 110	
c. Ph	one Number*:
include l Indian Tr	
	Executive Officer(CEO):
This is the	e full name and title of the CEO (if you do not use the title is the most Senior Executive in your organization) for the submitting this report. <b>No delegation of authority is</b>
a. Nan	ne*:
b. Title	e*:
D-4	•
c. Dat	e^;
	Select Gear
CEO on th	Approval*: self-certification that the individual whom is listed as the his report will sign a paper print-out of this report and keep it
This is a s	self-certification that the individual whom is listed as the nis report will sign a paper print-out of this report and keep it

report.\*:

By listing an e-mail address, a notification will be sent to listed parties advising them that a subcontracting report has been submitted in eSRS for the Government's review. The Federal Government Agency will not be notified via email unless you enter a notification e-mail address.

# **Step 3: Subcontract Awards - Commercial Plan Type Selected**

summary su	bcontract reports				[show in	a separate win
BACK TO LIST					v	
1 Instructions	Save & Go Back Can	cel Save	Sav	e & Continue	Progress	
Subcontracting Report	CUMULATIVE FISCAL SUBCONTRACT AWA		* indica	ates a required field	✓ Subcontract Report  × Subcontract Award  × Total Awards  × Small Business A  ✓ Remarks	S
Subcontract Awards		Whole Dolla	ırs	Percent	× Name × Title	
Review	1a. SMALL BUSINESS CONCERNS		*		<ul> <li>Phone Number</li> <li>Certification</li> <li>Name</li> <li>Title</li> </ul>	
Submit Report	1b. LARGE BUSINESS CONCERNS		*		Date     CEO Approval     Please enter the	email address
	1c. TOTAL			100	of the Government en and/or other person(s that you have submitte	nployee(s) s) to be notified
		Whole Dolla	ırs	Percent	Tips	
	2. SMALL DISADVANTAGED BUSINESS (SDB) CONCERNS		*		Clicking 'Save' or 'Sav Continue,' will save yo allow you to leave and report later.	our report and
	3. WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS		*		Click 'Save and Continuinformation on the cur go to the next page of	rrent page and
	4. HISTORICALLY BLACK COLLEGES AND				Click 'Save' if you want to stay on the current page.	save and
	UNIVERSITIES (HBCU) AND MINORITY INSTITUTIONS (MI)	*			Click 'Cancel' to leave and your report later from the p last saved. If you have not	point you
	5. HUBZone SMALL BUSINESS (HUBZone SB) CONERNS	*	:		the report, clicking cancel simply return to the report	will
	6. VETERAN-OWNED SMALL BUSINESS CONCERNS	*	:		If you recieve an error noti You can ignore errors and your current information. \( \) required to resolve all inva fields before you can revie	d save /ou will be alid form
	7. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS	*	:		submit your report.  Quickly skip to any page b	
	8. ALASKA NATIVE CORPORATIONS (ANCs) AND INDIAN TRIBES THAT HAVE NOT BEEN CERTIFIED BY THE SMALL BUSINESS ADMINISTRATION AS SMALL DISADVANTAGED BUSINESSES	*	:		the steps in the left colum	n.
	9. ALASKA NATIVE CORPORATIONS (ANCS) AND INDIAN TRIBES THAT ARE NOT SMALL BUSINESSES	*	:			

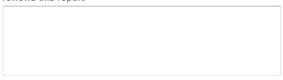
## 10. Specify agencies to which you are submitting this report and percentages of dollars attributable to each\*:

The % entered here represents the % of subcontracting attributable to each federal government agency. NOTE: You may not enter 100% attributable in total or to any particular government agency.

Agency*	Percentage*	Approver
<u>~</u>		0
	%	
Add Item		

#### 11. Remarks:

If you entered (0) zero in the small business section of this report or failed to meet the dollar or percentage goals in the Commercial Subcontracting Plan, use this section to explain the reason for any shortfalls and your future plan of action. You may also enter explanations and/or comments you think will be helpful to the Government official who reviews this report



#### 12. Contractors Official Who Administers Subcontracting Program:

This is the name and contact information (telephone number and email address) for the individual who administers the contractor's Small Business Subcontracting Program.

a. Name*:		
b. Title*:		

#### c. Phone Number\*:

#### 13. Certification\*:

This is a testament that the data being submitted on the report is accurate and that the dollars and percentages reported do not include lower tier subcontracts (except as set forth for ANC and Indian Tribes for more information visit <a href="http://www.arnet.gov/far/facframe.html">http://www.arnet.gov/far/facframe.html</a> see FAC 05-019). If "No" is selected the report will be "Rejected"

#### 14. Chief Executive Officer(CEO):

This is the full name and title of the CEO (if you do not use the title CEO this is the most Senior Executive in your organization) for the company submitting this report. No delegation of authority is accepted.

a. Name*:	
b. Title*:	
c. Date*:	select clear

#### 15. CEO Approval\*:

This is a self-certification that the individual whom is listed as the CEO on this report will sign a paper print-out of this report and keep it on file.

Yes 
 No

## 16. Please enter the email address of the Government employee(s) and/or other person(s) to be notified that you have submitted this report.\*:

By listing an e-mail address, a notification will be sent to listed parties advising them that a subcontracting report has been submitted in eSRS for the Government's review. The Federal Government Agency will not be notified via email unless you enter a notification e-mail address.

iviiii.

Click 'Save' if you want to save and stay on the current page.

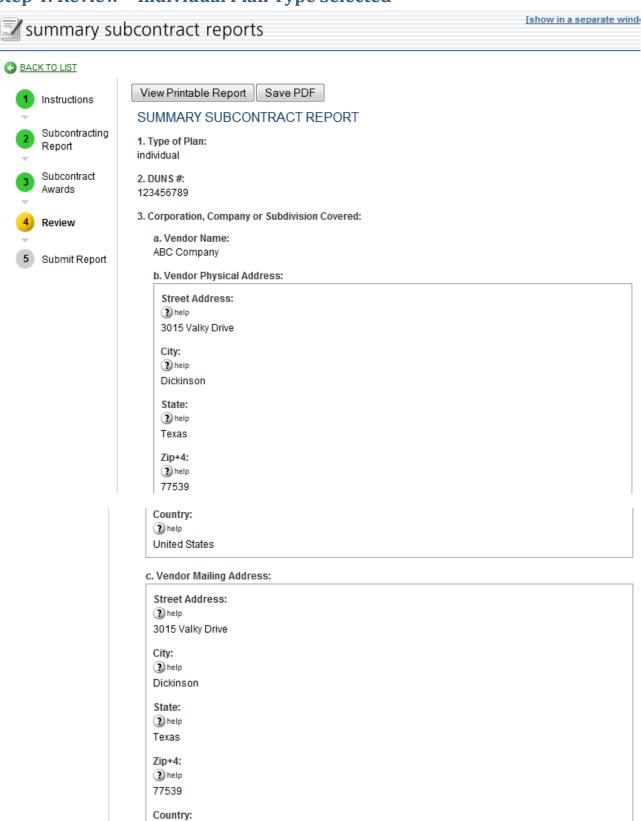
Click 'Cancel' to leave and continue your report later from the point you last saved. If you have not yet saved the report, clicking cancel will simply return to the reports list.

If you recieve an error notification: You can ignore errors and save your current information. You will be required to resolve all invalid form fields before you can review and submit your report.

Quickly skip to any page by clicking the steps in the left column.

## **Step 4: Review - Individual Plan Type Selected**

? help
United States



4. Date Submitted: August 20, 2009

5. Contact Information:

Test Contractor

6. Reporting Period::

Oct 1 - Mar 31

a. Year:

2008

7. Agency to which the report is being submitted:

A Test Agency (A123)

8. Report Submitted As:

prime contractor

9. Contractor's Major Products or Service Lines:

a. Product or Service #1:

12365

i. NAICS Code # 1:

click here for description of naics codes

111311

### CUMULATIVE FISCAL YEAR SUBCONTRACT AWARDS

	Whole Dollars	Percent
1a. SMALL BUSINESS CONCERNS	10,000	28.6
1b. LARGE BUSINESS CONCERNS	25,000	71.4
1c. TOTAL	35,000	100

	Whole Dollars	Percent
2. SMALL DISADVANTAGED BUSINESS (SDB) CONCERNS	5,000	14.3
3. WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS	2,500	7.1
4. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU) AND MINORITY INSTITUTIONS (MI)	0	0
5. HUBZone SMALL BUSINESS (HUBZone SB) CONERNS	0	0
6. VETERAN-OWNED SMALL BUSINESS CONCERNS	0	0
7. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS	0	0

8. ALASKA NATIVE CORPORATIONS (ANCs) AND INDIAN TRIBES THAT HAVE NOT BEEN CERTIFIED BY THE SMALL BUSINESS ADMINISTRATION AS SMALL DISADVANTAGED BUSINESSES	0	0
9. ALASKA NATIVE CORPORATIONS (ANCs) AND INDIAN TRIBES THAT ARE NOT SMALL BUSINESSES	0	0

10	Contractors	Official Who	Administers	Subcontracting	Program:

a. Name:

Jane Doe

b. Title: Admin

c. Phone Number:

5555552112

### 11. Certification:

Yes

### 12. Chief Executive Officer(CEO):

a. Name:

Jill Sample

b. Title:

Title

c. Date:

August 20, 2009

### 13. CEO Approval:

Yes

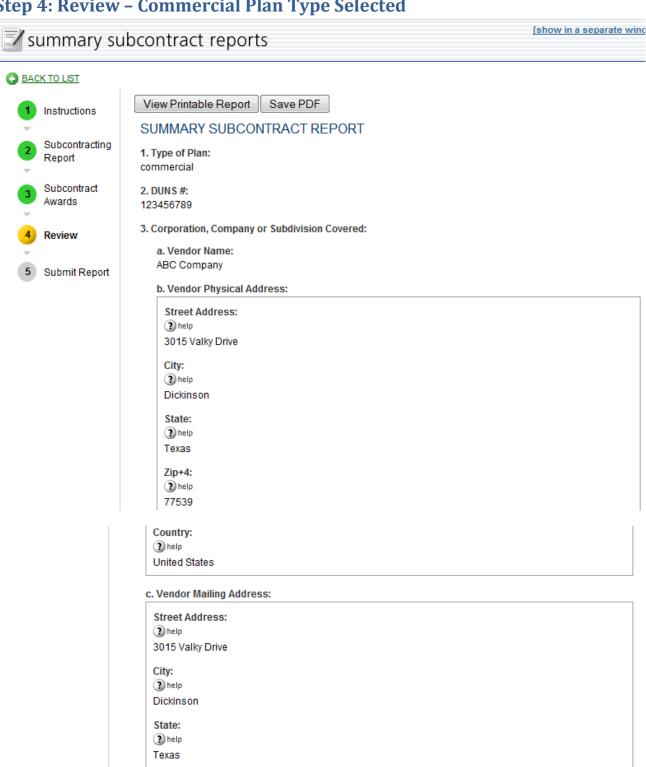
14. Please enter the email address of the Government employee(s) and/or other person(s) to be notified that you have submitted this report.:

emailaddress@us.gov

cancel back continue

## Step 4: Review - Commercial Plan Type Selected

Zip+4: ? help 77539 Country: 3 help United States



4. Date Submitted:

August 20, 2009

5. Contact Information:

Test Contractor

6. Reporting Period::

Oct-Sept

a. Year:

2008

7. Report Submitted As:

prime contractor

8. Contractor's Major Products or Service Lines:

a. Product or Service #1:

12365

i. NAICS Code # 1:

click **here** for description of naics codes

111311

### CUMULATIVE FISCAL YEAR SUBCONTRACT AWARDS

	Whole Dollars		Percent
1a. SMALL BUSINESS CONCERNS	Agency	Dollars	
	A Test Agency (A123)	5,000.00	28.6
	Total	10,000.00	
1b. LARGE BUSINESS CONCERNS	Agency	Dollars	
	A Test Agency (A123)	12,500.00	71.4
	Total	25,000.00	
1c. TOTAL	Agency	Dollars	
	A Test Agency (A123)	17,500.00	100
	Total	35,000.00	

	Whole Dollars		Percent
2. SMALL DISADVANTAGED BUSINESS (SDB) CONCERNS	Agency	Dollars	
	A Test Agency (A123)	2,500.00	14.3
	Total	5,000.00	

3. WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS	Agency	Dollars	
	A Test Agency (A123)	1,250.00	7.1
	Total	2,500.00	
4. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU) AND MINORITY INSTITUTIONS (MI)	Agency	Dollars	
	A Test Agency (A123)	0.00	0
	Total	0.00	
5. HUBZone SMALL BUSINESS (HUBZone SB) CONERNS	Agency	Dollars	
	A Test Agency (A123)	0.00	0
	Total	0.00	
6. VETERAN-OWNED SMALL			
BUSINESS CONCERNS	Agency	Dollars	
	A Test Agency (A123)	0.00	0
	Total	0.00	
7. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS	Agency	Dollars	
	A Test Agency (A123)	0.00	0
	Total	0.00	

8. ALASKA NATIVE CORPORATIONS (ANCs) AND INDIAN TRIBES THAT HAVE NOT BEEN CERTIFIED BY THE SMALL BUSINESS ADMINISTRATION AS SMALL DISADVANTAGED BUSINESSES	Agency A Test Agency (A123) Total	0.00 0.00	0
9. ALASKA NATIVE CORPORATIONS (ANCs) AND INDIAN TRIBES THAT ARE NOT SMALL BUSINESSES	Agency A Test Agency (A123) Total	0.00 0.00	0

10. Specify agencies to which you are submitting this report and percentages of dollars attributable to each:

Agency	Percentage	Approver
A Test Agency (A123)	50%	✓

- 11. Contractors Official Who Administers Subcontracting Program:
  - a. Name:

Jane Doe

b. Title:

Admin

c. Phone Number:

5555552112

12. Certification:

VΔc

- 13. Chief Executive Officer(CEO):
  - a. Name:

Jill Sample

b. Title:

Title

c. Date:

August 20, 2009

14. CEO Approval:

Ves

15. Please enter the email address of the Government employee(s) and/or other person(s) to be notified that you have submitted this report.:

emailaddress@us.gov



## **Step 5: Submit Report**

