

## ATTACHMENT A – SUPPLIER PROCUREMENT AND SUBCONTRACTING PLAN

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All small businesses must be certified by the Commonwealth of Virginia, Department of Small Business and Supplier Diversity (“DSBSD”) by the contract award date to participate in the SWAM program. Certification applications are available through DSBSD online at <http://www.sbsd.virginia.gov/>.

Supplier Name: Active Technology Solutions

Preparer Name: Dan van Goidtsnoven, RCDD Date: 9/16/2021

### E. Instructions

- A. If you are certified by the DSBSD as a small business or as a micro business, complete only Section A of this form. This shall include DSBSD-certified women, minority, or service-disabled veteran-owned businesses when they have received DSBSD small business certification.
- B. If you are not a DSBSD-certified small business, complete Section B of this form.

### Section A:

If your firm is certified by the DSBSD, are you certified as a (**check all that apply**):

- ☒ Small Business  
☐ Small and Women-owned Business  
☐ Small and Minority-owned Business  
☐ Small Service Disabled Veteran-owned Business  
☒ Micro Business  
☐ Micro Business and Women-owned Business  
☐ Micro Business and Minority-owned Business  
☐ Micro Service Disabled Veteran-owned Business

Certification Number: 802290\_\_\_\_\_

Certification Approval Date: January 22, 2020\_\_\_\_\_

Certification Expiration Date: January 22, 2025\_\_\_\_\_

### Section B:

Populate the table below to show your firm's plans for utilization of DSBSD-certified SWaM businesses and Non-SWaM businesses directly performing the Requirements of this contract. This shall not exclude DSBSD-certified micro businesses or women, minority, or service disabled veteran-owned businesses when they have received the DSBSD small business certification. Include as well businesses that ARE NOT SWaM businesses that will be utilized in directly performing the Requirements of this contract. Include plans to utilize small businesses as part of joint ventures, partnerships, subcontractors, suppliers, etc.

<b>Small Business Name &amp; Address</b> <b>DSBSD Certificate #</b> <b>(Leave certificate number blank if Non-SWaM)</b>	<b>Status if Small Business is also:</b> <b>Women (W), Minority (M)</b> <b>Service-Disabled Veteran (D),</b> <b>Micro Business (O)</b> <b>Non-SWaM (NS)</b>	<b>Contact Person, Telephone &amp; Email</b>	<b>Type of Goods and/or Services</b>
<p align="center"><b>SWaM Overall Commitment Percentage</b></p> <p><b>Please state here the overall commitment percentage for DSBSD-certified SWaM businesses directly performing the Requirements of this Contract:</b></p> <p><b>Note: The percentage above ONLY APPLIES to DSBSD-certified SWaM businesses who are directly performing the Requirements of this Contract. Do not include in the percentage any businesses performing the Requirements of this Contract that are non-SWaM businesses.</b></p>			