

Sample Summary Subcontract Report (SSR)

Step-by-Step Screen shots of Contractor Submission Process

Step 1: Instructions

 summary subcontract reports [\[show in a separate window\]](#)

New Report

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- 1 Instructions**
- 2 Subcontracting Report
- 3 Subcontract Awards
- 4 Review
- 5 Submit Report

Summary Subcontract Reports

Please Note: the eSRS contains a number of new fields that did not exist on the paper forms. Although the eSRS will allow you to save a partially completed report, you will save time if you have the following information available when you enter your report data:

For Prime Contractors

- Approved Commercial Subcontracting Plan
- Description of Product and Service
- NAICS
- Email address of the Federal Government Agency Representative responsible for reviewing the report
- Be sure to keep a signed copy of the report on file

Step 2: Subcontracting Report

summary subcontract reports

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SUMMARY SUBCONTRACT REPORT

* indicates a required field

1. Type of Plan*:

individual commercial

2. DUNS #*:

Auto-Fill Company Info From Duns ▶

3. Corporation, Company or Subdivision Covered:

a. Vendor Name*:

b. Vendor Physical Address:

Street Address*:

[?](#) help

Progress

- ✗ Subcontract Report
- ✗ Type of Plan
- ✗ DUNS #
- ✗ Vendor Name
- ✗ Vendor Physical Address
- ✗ Vendor Mailing Address
- ✗ Date Submitted
- ✓ Contact Information
- ✗ Agency to which the report is being submitted
- ✗ Report Submitted As
- ✗ Product or Service #1
- ✓ Product or Service #2
- ✗ Subcontract Awards

Tips

Clicking 'Save' or 'Save and Continue,' will save your report and allow you to leave and continue your report later.

Click 'Save and Continue' to save information on the current page and go to the next page of the form.

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

City*:

 help

State*:

 help

(USA and Canada only)

Foreign Province:

Zip+4*:

 help

Country:

 help

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 receive 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.

c. Vendor Mailing Address:

Street Address*:

 help

City*:

 help

State*:

 help

(USA and Canada only)

Foreign Province:

Zip+4*:

 help

Country:

 help

Step 2 Subcontracting Report – Individual Plan Type Selected

4. Date Submitted*:

5. Contact Information*:

6. Reporting Period*:

- Oct 1 - Mar 31 Oct 1 - Sept 30

a. Year*:

7. Agency to which the report is being submitted*:

8. Report Submitted As*:

- prime contractor
 subcontractor
 both

9. 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*:

i. NAICS Code # 1*:

click [here](#) for description of naics codes

b. Product or Service #2:

i. NAICS Code # 2:

click [here](#) for description of naics codes

Step 2 Subcontracting Report – Commercial Plan Type Selected

4. Date Submitted*:

5. Contact Information*:

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*:

7. Report Submitted As*:

- prime contractor
 subcontractor
 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*:

i. NAICS Code # 1*:

click [here](#) for description of naics codes

b. Product or Service #2:

i. NAICS Code # 2:

click [here](#) for description of naics codes

Step 3: Subcontract Awards – Individual Plan Type Selected

summary subcontract reports

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CUMULATIVE FISCAL YEAR SUBCONTRACT AWARDS * indicates a required field

	Whole Dollars	Percent
1a. SMALL BUSINESS CONCERNS	<input type="text" value=""/>	
1b. LARGE BUSINESS CONCERNS	<input type="text" value=""/>	
1c. TOTAL		100

	Whole Dollars	Percent
2. SMALL DISADVANTAGED BUSINESS (SDB) CONCERNS	<input type="text" value=""/>	
3. WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS	<input type="text" value=""/>	

4. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU) AND MINORITY INSTITUTIONS (MI)	<input type="text" value=""/>	
5. HUBZone SMALL BUSINESS (HUBZone SB) CONCERNS	<input type="text" value=""/>	
6. VETERAN-OWNED SMALL BUSINESS CONCERNS	<input type="text" value=""/>	
7. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS	<input type="text" value=""/>	
8. ALASKA NATIVE CORPORATIONS (ANCs) AND INDIAN TRIBES THAT HAVE NOT BEEN CERTIFIED BY THE SMALL BUSINESS ADMINISTRATION AS SMALL DISADVANTAGED BUSINESSES	<input type="text" value=""/>	
9. ALASKA NATIVE CORPORATIONS (ANCs) AND INDIAN TRIBES THAT ARE NOT SMALL BUSINESSES	<input type="text" value=""/>	

Progress

- ✓ Subcontract Report
- ✗ Subcontract Awards
- ✗ Total Awards
- ✗ Small Business Awards
- ✓ Remarks
- ✗ Name
- ✗ Title
- ✗ Phone Number
- ✗ Certification
- ✗ Name
- ✗ Title
- ✗ Date
- ✗ CEO Approval
- ✗ Please enter the email address of the Government employee(s) and/or other person(s) to be notified that you have submitted this report.

Tips

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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 receive 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.

10. 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.

11. 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*:

12. 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 <http://www.arnet.gov/far/facframe.html> see FAC 05-019). If "No" is selected the report will be "Rejected"

Yes No

13. 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*:

14. 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

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*:

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 subcontract reports

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CUMULATIVE FISCAL YEAR SUBCONTRACT AWARDS * indicates a required field

	Whole Dollars	Percent
1a. SMALL BUSINESS CONCERNS	<input type="text"/> *	
1b. LARGE BUSINESS CONCERNS	<input type="text"/> *	
1c. TOTAL		100

	Whole Dollars	Percent
2. SMALL DISADVANTAGED BUSINESS (SDB) CONCERNS	<input type="text"/> *	
3. WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS	<input type="text"/> *	

4. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU) AND MINORITY INSTITUTIONS (MI)	<input type="text"/> *	
5. HUBZone SMALL BUSINESS (HUBZone SB) CONCERNS	<input type="text"/> *	
6. VETERAN-OWNED SMALL BUSINESS CONCERNS	<input type="text"/> *	
7. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS	<input type="text"/> *	
8. ALASKA NATIVE CORPORATIONS (ANCs) AND INDIAN TRIBES THAT HAVE NOT BEEN CERTIFIED BY THE SMALL BUSINESS ADMINISTRATION AS SMALL DISADVANTAGED BUSINESSES	<input type="text"/> *	
9. ALASKA NATIVE CORPORATIONS (ANCs) AND INDIAN TRIBES THAT ARE NOT SMALL BUSINESSES	<input type="text"/> *	

Progress

- ✓ Subcontract Report
- ✗ Subcontract Awards
- ✗ Total Awards
- ✗ Small Business Awards
- ✓ Remarks
- ✗ Name
- ✗ Title
- ✗ Phone Number
- ✗ Certification
- ✗ Name
- ✗ Title
- ✗ Date
- ✗ CEO Approval
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If you receive 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.

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
<input type="text"/>	<input type="text"/> %	<input type="radio"/>

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 <http://www.arnet.gov/far/facframe.html> see FAC 05-019). If "No" is selected the report will be "Rejected"

Yes No

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*:

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.

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 receive 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

 summary subcontract reports

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SUMMARY SUBCONTRACT REPORT

1. Type of Plan:
individual

2. DUNS #:
123456789

3. Corporation, Company or Subdivision Covered:

a. Vendor Name:
ABC Company

b. Vendor Physical Address:

Street Address:

 help
3015 Valky Drive

City:
 help
Dickinson

State:
 help
Texas

Zip+4:
 help
77539

Country:
 help
United States

c. Vendor Mailing Address:

Street Address:
 help
3015 Valky Drive

City:
 help
Dickinson

State:
 help
Texas

Zip+4:
 help
77539

Country:
 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) CONCERNS	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



summary subcontract reports

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[View Printable Report](#)

[Save PDF](#)

SUMMARY SUBCONTRACT REPORT

1. Type of Plan:
commercial

2. DUNS #:
123456789

3. Corporation, Company or Subdivision Covered:

a. Vendor Name:
ABC Company

b. Vendor Physical Address:

Street Address:

[?](#) help

3015 Valky Drive

City:

[?](#) help

Dickinson

State:

[?](#) help

Texas

Zip+4:

[?](#) help

77539

Country:

[?](#) help

United States

c. Vendor Mailing Address:

Street Address:

[?](#) help

3015 Valky Drive

City:

[?](#) help

Dickinson

State:

[?](#) help

Texas

Zip+4:

[?](#) help

77539

Country:

[?](#) 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	28.6
	A Test Agency (A123)	5,000.00	
	Total	10,000.00	
1b. LARGE BUSINESS CONCERNS	Agency	Dollars	71.4
	A Test Agency (A123)	12,500.00	
	Total	25,000.00	
1c. TOTAL	Agency	Dollars	100
	A Test Agency (A123)	17,500.00	
	Total	35,000.00	

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

3. WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS	Agency	Dollars	7.1
	A Test Agency (A123)	1,250.00	
	Total	2,500.00	
4. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU) AND MINORITY INSTITUTIONS (MI)	Agency	Dollars	0
	A Test Agency (A123)	0.00	
	Total	0.00	
5. HUBZone SMALL BUSINESS (HUBZone SB) CONCERNS	Agency	Dollars	0
	A Test Agency (A123)	0.00	
	Total	0.00	
6. VETERAN-OWNED SMALL BUSINESS CONCERNS	Agency	Dollars	0
	A Test Agency (A123)	0.00	
	Total	0.00	
7. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS	Agency	Dollars	0
	A Test Agency (A123)	0.00	
	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	Dollars	0
	A Test Agency (A123)	0.00	
	Total	0.00	
9. ALASKA NATIVE CORPORATIONS (ANCs) AND INDIAN TRIBES THAT ARE NOT SMALL BUSINESSES	Agency	Dollars	0
	A Test Agency (A123)	0.00	
	Total	0.00	

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:
Yes

13. Chief Executive Officer(CEO):

a. Name:
Jill Sample

b. Title:
Title

c. Date:
August 20, 2009

14. CEO Approval:
Yes

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

 summary subcontract reports

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- 5 **Submit Report**

Submit Report



Submission Instructions

Please click **Submit** to submit your report for review. Once the report is approved or rejected, you will receive an email notification about how to proceed.