Office of Contract	7	_		
minimum requir	ement, please indi	icate your excepti	سو	1-20-15 LY
nominated subco	ntractor is not to	receive credit for	any line item but the	ng below. If you find e prime still meets th
Total				
See note above				
Subcontractor		Race/Gender	Amount Nominated (\$)	Amount Credited (\$)
requirements for t	_			to meet the pre-award
		Program?Y		·
If yes, indicate the	expiration date:	4-30-2015		
Please indicate if t	his contractor has a	n approved Affirm	ative Action Plan on fi	le? ✓ Yes
_		• •	your review. Please no s be used to meet the g	ote that the apparent lo
Office of Contrac	t Compliance		Contracts Section	n
Scott J. Hoffman		F	rom: Pall Oushana	Ext. 3126
tractor: e:	Hammonasset Co May 20, 2014	onst., LLC		
nd Dollar Amount R				
Requirement:  DBl	No E⊠ SBE□ (	$GFE\square$ Prime	e is a DBE: Yes ⊠ l	No 🗆
Opening Date:	May 7, 2014			

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