(Date)
Area Director, Office of Government Contracting
Small Business Administration
Region (insert number)
(Address)

In accordance with FAR 19.705-6(a), enclosed is a copy of the Small, HUBZone small, Small Disadvantaged, Women-owned small, Veteran-Owned small, and Service Disabled Veteran-Owned small business subcontracting plan for contract (insert number) with (insert name of company) located in your region. The total estimated value of the contract is (insert total estimated value, including options); the expiration date of the last option period is (insert date).

Please direct any questions to (administrative contracting officer) on telephone (insert number).

Sincerely,
Contracting Officer