

# Request For Qualifications Form 100C (RFQ)

Pursuant to section 6.2 of the M/WBE program, the per contract and category goals method for M/WBE participation will be utilized. Contracts for subsequent vendors selected for the vendor pool will be subject to compliance reviews on either a contract by contract basis or by the aggregated compliance of the vendor pool. Each Respondent must submit, as part of its RFQ package, a completed, signed and notarized Form 100C. Once pre-qualified, for the term of the contract, Respondent shall adhere to the applicable M/WBE requirements as set forth in the plan at the time of the project award.

Project/Commodity Name: \_\_\_\_\_

Bid/Specification Number: \_\_\_\_\_

The Goals Applicable to this contract once awarded are: \_\_\_\_\_%MBE \_\_\_\_\_% WBE

**Respondent Information:**

<b>Firm Name:</b>		<b>M/W/DBE Certification:</b> <b>Y</b> <b>N</b> <b>Please provide certification</b>	
<b>Address:</b>			
<b>City/State/Zip:</b>		<b>E-mail:</b>	
<b>Contact Person:</b>		<b>Telephone:</b>	<b>Fax:</b>
<b>CPS Vendor No:</b>		<b>Firm Gender:</b>	<b>Ethnicity:</b>
<b>Not for Profit:</b> <b>Y</b> <b>N</b>		<b>For Profit:</b> <b>Y</b> <b>N</b>	<b>African-American; Hispanic; Asian Other:</b>

Description of Commodities/Services to be provided by the Respondent on this RFQ:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Verification Information**

I, \_\_\_\_\_, do declare and affirm that, to the best of my knowledge, information and belief, the facts and representations set forth in this compliance demonstration are true and correct and no material facts have been omitted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

On this \_\_\_\_\_ day of \_\_\_\_\_, 2007, the above signed officers

(Name of Affiant): \_\_\_\_\_, personally appeared and, known to be the persons described in the forgoing Affidavit, acknowledged that they executed the same in the capacity therein stated and for the purpose therein contained.

IN WITNESS WHEREOF, I hereunto sat my hand and office seal.

\_\_\_\_\_

Signature of Notary Public  
(SEAL)

My Commission Expires: \_\_\_\_\_