

Form 100 - Bidder/Proposer Information

In accordance with the Remedial Program Policy (07 – 0228 – PO1), each Vendor must submit, as part of its bid or proposal, a detailed Compliance Plan (Form 101) showing the manner in which the Bidder/Proposer will comply with M/WBE requirements. (Sec. 9.2.1). The Compliance Plan (Form 101) is an element of Bidder/Proposer responsibility. The Compliance Plan (Form 101) must show how all applicable goals will be fulfilled. Proposed M/WBEs must be identified to demonstrate full compliance with all goals. If full compliance with all goals is not demonstrated, a request for waiver must be submitted.

Project/Commodity Name: _____

Bid / Contract No.: _____ Total Bid / Contract Value: \$ _____

Industry or Contract-Specific Goals will be established by OBD using the following guidelines:

The Office of Business Diversity, at its discretion and in consultation with the Department of Procurement and Contracts and the user department, may elect to establish Industry or Contract-Specific Goals for M/WBE participation for eligible contracts for goods and services over \$75,000.

Industry-Specific Goals (Sec. 2.8) will include one goal for MBE participation and one goal for WBE participation in various industries, including: (1) Food Services; (2) Student Transportation; (3) Educational Materials; (4) Professional Technical Services; (5) Commodities – Supplies; (6) Property – Equipment; (7) Services – Contractual; (8) Services (Equipment Rental).

Contract-Specific Goals (Sec. 2.5) will be based upon: (1) the availability if at least three MBEs and three WBEs to perform the anticipated subcontractable scopes of work of the contract; (2) normal industry practices; and (3) the District's progress towards meeting its Annual Aspirational Goals. (Sec 2.1).

Total Proposed Participation

Total MBE% _____ African American _____ % Hispanic _____ % Asian _____ % WBE _____ %

Bidder/Proposer Information:

Firm Name		M/WBE Certified? <input type="checkbox"/> Y <input type="checkbox"/> N	
Address		Certification Expiration Date	
City / State / Zip		Email:	
Contact Person	Telephone	Fax	
Firm CPS Vendor No.	<input type="checkbox"/> Not for Profit <input type="checkbox"/> For Profit	Firm Gender / Race	

Description of Commodities/Services to be provided by the Bidder/Proposer on this Contract:

Verification Information:

I, _____, 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 of Authorized Representative

Title / Date

SUBSCRIBED AND SWORN to me before this _____ day of _____, 2_____.

Notary Public