DOCUMENT 00475: SBBC-CERTIFIED SBE/VBE SUBCONTRACTOR/SUBCONSULTANT PARTICIPATION SCHEDULE

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SBBC-CERTIFIED SBE/VBE SUBCONTRACTOR/SUBCONSULTANT PARTICIPATION SCHEDULE

Applies to ALL Solicitations – Construction, Professional Services, and Goods & Services

REQUIRED ONLY IF SUBCONTRACTING/SUBCONSULTING: Complete and submit this form with the proposal/response if the Prime Proposer/Respondent will use subcontractors/subconsultants.

INSTRUCTIONS

- If the Prime will subcontract any portion of the work, list the Prime and every subcontractor/subconsultant, including firms that are not SBE/VBE certified.
- The "% of Work" column must total 100%, and the "$ Amount" column must equal the Total Contract Amount.
- The Total SBE/VBE Participation must match the commitment made on **Document 00471**.
- For each SBE/VBE firm listed, submit a current SBBC SBE/VBE certificate and **Document 00470** with the Statement of Qualifications/Proposal.

SECTION 1 – SOLICITATION & PRIME PROPOSER/RESPONDENT INFORMATION

Solicitation Title:			
Solicitation/Agreement #:		**Project Start Date:**	
Project Name:		**Project Location:**	
Solicitation Type:	☐ Construction ☐ Professional Services ☐ Goods & Services ☐ Other		
Prime Proposer/Respondent:			
Address:			
Contact Person:		**Phone #:**	
Email Address:			

SECTION 2 – PARTICIPATION SCHEDULE

Business Role	Business Name	Business Address & Phone #	SBBC Cert. Type & #	Type of Work to Be Performed	% of Work	$ Amount
Prime Proposer/Respondent			SBE / VBE / None		%	$
Non-SBE/VBE Sub*			N/A		%	$
SBE/VBE Sub*			SBE / VBE #		%	$
SBE/VBE Sub*			SBE / VBE #		%	$
SBE/VBE Sub*			SBE / VBE #		%	$
SBE/VBE Sub*			SBE / VBE #		%	$
				TOTAL SBE/VBE PARTICIPATION:	**%**	**$**
				TOTAL PARTICIPATION (ALL FIRMS):	**100%**	**$**
				TOTAL AGREEMENT AMOUNT:		**$**

**Sub = Subcontractor/Subconsultant. Attach additional pages if more space is needed.*

SECTION 3 – ATTESTATION

I certify that this information is true and accurate, that each Firm listed has agreed to perform the work shown, and that I am authorized to sign for the Prime. Any change to the firms or percentages after award requires EDOC's prior written approval.

Authorized Representative:		**Title:**	
Signature:		**Date:**	