APPENDIX B

REQUIRED FORMS

Form 1: Cover Sheet
Form 2: Signature Letter on Corporate Letterhead
Form 3: Addenda - signed
Form 4: Certification of Compliance with Immigration Laws and Regulations
Form 5: Litigation Disclosure Form
Form 6: Vendor Certification Verification Form
Form 7: State Corporation Commission Identification Number
Form 8: Proprietary Information
Form 9: References
Form 10: Lobbyist Disclosure Form
All Attachment 1C: DBE Forms
FORM 1  
COVER SHEET

RFP#: __________      RFP TITLE: ____________________________________________

In compliance with this Request for Proposal, and to all the conditions imposed therein and hereby incorporated by reference, the Undersigned offers, and agrees to furnish goods/services requested in this solicitation.

THIS SECTION TO BE COMPLETED BY OFFEROR:

NAME AND ADDRESS OF FIRM:

__________________________________________________________                     Date: ________________________

__________________________________________________________                     By: ________________________

                                                        (Sign in Ink)

__________________________________________________________                     Name: ________________________

                                                        (Please Print)

__________________________________________________________                     Title: ________________________

__________________________________________________________                     FEI/FINT No.: ________________________

Email: ____________________________________________________                     Phone: _________ Fax: __________

CONTACT INFORMATION (if differs from above):

Name: ____________________________________________________                     Email: ________________________

Title: ____________________________________________________                     Office Phone: ________________________

Address: ____________________________________________________                     Mobile Phone: ________________________

                                                        ________________________________                     Facsimile Phone: ________________________
FORM 2
PROPOSAL SIGNATURE SHEET
(Must be submitted on your corporate letterhead)

My signature certifies that the proposal as submitted complies with all Terms and Conditions as set forth in this RFP. My signature also certifies that by submitting a proposal in response to this Request for Proposals, the offeror represents that in the preparation and submission of this proposal, said offeror did not, either directly or indirectly, enter into any combination or arrangement with any person, firm or corporation or enter into any agreement, participate in any collusion, or otherwise take any action in the restraint of free, competitive bidding in violation of the Sherman Act (15 U.S.C. Section 1 et seq.) or §59.109.1 through 59.1-9.17 or § 59.1-68.6 through 59.1-68.8 of the Code of Virginia. In addition, my signature certifies that the offeror has been made aware of the initial Request for Proposals, as well as any and all addenda.

Certification of Eligibility: The firm is not ineligible to receive award of a contract due to the firm’s inclusion on any Federal or Virginia State lists of debarred contractors, or otherwise ineligible to be awarded a contract using Federal or State funds.

I hereby certify that I am authorized to sign as a Representative for the Firm:

NAME OF OFFEROR:__________________________________________________________

ADDRESS:_______________________________________________________________

________________________________________________________________________

FED ID NO.:______________________________________________________________

SIGNATURE:______________________________________________________________

PRINTED NAME:__________________________________________________________

TITLE:_________________________________________________________________

TELEPHONE:______________________________________________________________

E-MAIL:________________________________________________________________

FAX:___________________________________________________________________

DATE:___________________________________________________________________
FORM 3

ADDENDA RECEIVED AND ACKNOWLEDGED

By signing this form, offeror acknowledges receipt of any and all Addenda published after initial RFP was issued. *(Attach copy of all such Addenda following this form.)*

Receipt of addenda acknowledged:

________________________________________
Signature

________________________________________
Date
FORM 4

CERTIFICATION OF COMPLIANCE WITH IMMIGRATION LAWS AND REGULATIONS

The Organization requires that any person or entity doing business with the Organization, including its boards and commissions, shall include a sworn certification by the offeror of compliance with all federal immigration laws and regulations. These laws include the Federal Immigration Reform and Control Act, which makes it unlawful for a person or other entity to hire, recruit or refer for a fee for employment in the United States, an alien knowing the alien is unauthorized, and §40.1-11.1 of the Code of Virginia, which makes it unlawful for any employer to knowingly employ an alien who cannot provide documents indicating that he or she is legally eligible for employment in the United States. The state law, in particular, places an affirmative duty on employers to ensure that aliens have proof of eligibility for employment.

Accordingly, this certification shall be completed and attached to all contracts and agreements for goods and services made by the Organization or any of its boards and commissions. Failure to attach a completed certification shall render the contract or agreement void.

Type or print legibly when completing this form.

Legal Name of Offeror:
(Note: This is your name as reported to the IRS. This should match your Social Security card or Federal ID number.)

Type of Business Entity:

_____ Sole Proprietorship (Provide full name and address of owner):

_____ Limited Partnership (Provide full name and address of all partners):

_____ General Partnership (Provide full name and address of all partners):

_____ Limited Liability Company (Provide full name and address of all managing members):

_____ Corporation (Provide full name and address of all officers): (on separate sheet, attached)

Doing Business As: (If Applicable):
(Note: This is the name that appears on your invoices but is not used as your reporting name.)

Name and Position of Person Completing this Certificate:

Physical Business Address:
Primary Correspondence Address (if different from physical address):

Number of Employees:

Are all Employees Who Work in the United States Eligible for Employment in the United States?

_____ Yes  _____ No

Under penalties of perjury, I declare on behalf of the offeror listed above that to the best of my knowledge and based upon reasonable inquiry, each and every one of the offeror’s employees who work in the United States are eligible for employment in the United States as required by the Federal Immigration Reform and Control Act of 1986 and §40.1-11.1 of the Code of Virginia. I further declare on behalf of the offeror that it shall use due care and diligence to ensure that all employees hired in the future who will work in the United States will be eligible for employment in the United States. I affirm that the information provided herein is true, correct, and complete.

Sworn this _____ day of ________________, 20__ on behalf of ______________________ as evidenced by the following signature and seal:

Name of Contractor/Vendor: ______________________________

Printed Name of Signatory: ______________________________

Signature: ______________________________

Date: ______________________________

STATE OF __________________________:

CITY/COUNTY OF ______________________ to wit:

The foregoing instrument was acknowledged before me this _____ day of ____________, 20_____, by ______________________________.

____________________________________
Notary Public

Registration No: ______________________ My Commission expires: ______________________
FORM 5

LITIGATION DISCLOSURE FORM

Respond to each of the questions below by checking the appropriate line. Failure to fully and truthfully disclose the information required by this Litigation Disclosure Form may result in the disqualification of your bid or proposal from consideration or termination of the contract, once awarded. For purposes of this disclosure form, “you” means the individual or entity in whose name the bid or proposals were submitted.

Have you or any principal, officer or director of your company, or any individual who will be assigned to work under any contract awarded pursuant this solicitation, been convicted of a felony, or a misdemeanor involving moral turpitude, during the last ten (10) years?

_____ Yes  _____ No

Have you or any principal, officer or director of your company, or any individual who will be assigned to work under any contract awarded pursuant this solicitation, been terminated (for cause or otherwise) from any work being performed for the Organization or any other governmental or private entity during the last ten (10) years?

_____ Yes  _____ No

Have you or any principal, officer or director of your company, or any individual who will be assigned to work under any contract awarded pursuant this solicitation, been involved in any claim or litigation with the Organization or any other governmental or private entity during the last ten (10) years?

_____ Yes  _____ No

Has any parent company or wholly owned subsidiary of your company been involved in any claim or litigation with the Organization or any other governmental or private entity during the last ten (10) years?

_____ Yes  _____ No

If you answered “Yes” to any of the above questions, please state the name(s) of the person(s), the nature, and the status and/or outcome of the conviction, termination, claim or litigation, as applicable. Any such information should be provided on a separate page, attached to this form and submitted with your bid or proposal.
VENDOR CERTIFICATION

VERIFICATION FORM

Vendor Name: 
Vendor Address: 

Contact Person: 
Title: 
E-mail Address: 
Phone: 
Vendor Fax: 

CERTIFICATIONS

DBE CERTIFICATION ☐
CERTIFICATION #: 
CERTIFYING AGENCY: 
NAICS CODE: 
DESCRIPTION: 

SWaM CERTIFICATION ☐
CERTIFICATION #: 
SWaM TYPE

SERVICE DISABLED VET ☐
CERTIFICATION #: 
DATE 
EXP DATE: 
CERTIFYING AGENCY: 
Years in Business

MINORITY INDICATOR

☐ African American ☐ Asian Indian ☐ Asian Pacific
☐ Hispanic American Native American
☐ Non-Minority Woman

Submit to: Danetta Jankosky; Fax: (757) 523-4881; E-mail: djankosky@hrpdcva.gov
STATE CORPORATION COMMISSION IDENTIFICATION NUMBER: Pursuant to Code of Virginia §2.2-4311.2(b), an Offeror organized or authorized to transact business in the Commonwealth pursuant to Title 13.1 or Title 50 is required to include in its proposal the identification number issued to it by the State Corporation Commission (SCC). Any Offeror that is not required to be authorized to transact business in the Commonwealth as a foreign business entity under Title 13.1 or Title 50 or as otherwise required by law is required to include in its proposal a statement describing why the Offeror is not required to be so authorized.

SCC Identification Number: ___________________________ (REQUIRED)
FORM 8

PROPRIETARY INFORMATION

Trade secrets or proprietary information submitted by an Offeror in response to this Request for Proposal shall not be subject to public disclosure under the *Virginia Freedom of Information Act*; however, the Offeror must invoke the protection of this section prior to or upon submission of data or materials and **must identify the data or other materials to be protected and state the reasons why protection is necessary** (§2.2-4342F of the *Code of Virginia*).

*Please enclose all proprietary information in a sealed envelope and attach ONLY to the ORIGINAL proposal.*

*Below, please reference appropriate page numbers, Section numbers, paragraph numbers, etc. where this data should be inserted, along with an explanation as to why it is proprietary and protected by §2.2-4342F of the Code of Virginia.*
FORM 9

REFERENCES

Name of Firm:

Address:

Contact:
Name:
Title:
Email:
Phone
Facsimile

# Years in Relationship:________________________

Name of Firm:

Address:

Contact:
Name:
Title:
Email:
Phone
Facsimile

# Years in Relationship:________________________

Name of Firm:

Address:

Contact:
Name:
Title:
Email:
Phone
Facsimile

# Years in Relationship:________________________
REFERENCES (cont.)

Name of Firm:
Address:

Contact:
Name:
Title:
Email:
Phone
Facsimile

# Years in Relationship: ______________________
**************************

Name of Firm:
Address:

Contact:
Name:
Title:
Email:
Phone
Facsimile

# Years in Relationship: ______________________
FORM 10
LOBBYIST DISCLOSURE FORM

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the modification of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, “Disclosure of Lobbying Activities,” in accordance with its instructions.

(3) The undersigned shall require that the language of the certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. The certification is a material representation of the fact on which reliance was placed when this transaction was made or entered into. Submission of the certification is a prerequisite for making or entering into the transaction imposed by §1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form LLL, “Disclosure of Lobbying Activities,” in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by §1352, Title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Applicant’s Organization:

The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, contracts under grants, cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

Printed name of authorized representation __________________________ Title of authorized representation __________________________

________________________ __________________________
Signature Date
During the performance of this contract, the contractor, for itself, its assignees and successors in interest (hereinafter referred to as the "contractor") agrees as follows:

(1) Compliance with Regulations: The contractor shall comply with the Regulation relative to nondiscrimination in federally-assisted programs of the Department of Transportation (hereinafter, "DOT") Title 49, Code of Federal Regulations, Part 21, as they may be amended from time to time, (hereinafter referred to as the Regulations), which are herein incorporated by reference and made a part of this contract.

(2) Nondiscrimination: The contractor, with regard to the work performed by it during the contract, shall not discriminate on the grounds of race, color, or national origin in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The contractor shall not participate either directly or indirectly in the discrimination prohibited by section 21.5 of the Regulations, including employment practices when the contract covers a program set forth in Appendix B of the Regulations.

(3) Solicitations for Subcontractors, Including Procurements of Materials and Equipment: In all solicitations either by competitive bidding or negotiation made by the contractor for work to be performed under a subcontract, including procurements of materials or leases of equipment, each potential subcontractor or supplier shall be notified by the contractor of the contractor's obligations under this contract and the Regulations relative to nondiscrimination on the grounds of race, color, or national origin.

(4) Information and Reports: The contractor shall provide all information and reports required by the Regulations or directives issued pursuant thereto, and shall permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the (Recipient) or the (Name of Appropriate Administration) to be pertinent to ascertain compliance with such Regulations, orders and instructions. Where any information required of a contractor is in the exclusive possession of another who fails or refuses to furnish this information the contractor shall so certify to the (Recipient) or the (Name of Appropriate Administration), as appropriate, and shall set forth what efforts it has made to obtain the information.

(5) Sanctions for Noncompliance: In the event of the contractor's noncompliance with the nondiscrimination provisions of this contract, the (Recipient) shall impose such contract sanctions as it or the (Name of Appropriate Administration) may determine to be appropriate, including, but not limited to:
   (a.) withholding of payments to the contractor under the contract until the contractor complies, and/or
   (b.) cancellation, termination or suspension of the contract, in whole or in part.

(6) Incorporation of Provisions: The contractor shall include the provisions of paragraphs (1) through (6) in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Regulations, or directives issued pursuant thereto.

The contractor shall take such action with respect to any subcontract, or procurement as the (Recipient) or the (Name of Appropriate Administration) may direct as a means of enforcing such provisions including sanctions for non-compliance: Provided, however, that, in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or supplier as a result of such direction, the contractor may request the (Recipient) to enter into such litigation to protect the interests of the (Recipient), and, in addition, the contractor may request the United States to enter into such litigation to protect the interests of the United States.
Attachment 1B – Nondiscrimination
Contractor/Consultant/Supplier Agreement: USDOT 1050.2A – Appendix E

During the performance of this contract, the contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the “contractor”) agrees to comply with the following nondiscrimination statues and authorities; including but not limited to:

Pertinent Nondiscrimination Authorities:

- Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq., 78 stat. 252), (prohibits discrimination on the basis of race, color, national origin); and 49 CFR Part 21;
- The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42 U.S.C. § 4601), prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);
- Federal-Aid Highway Act of 1973, (23 U.S.C. § 324 et. seq.), (prohibits discrimination on the basis of sex);
- The Age Discrimination Act of 1975, as amended, (42 U.S.C. § 6101 et. seq.), (prohibits discrimination on the basis of age);
- Airport and Airway Improvement Act of 1982, (49 U.S.C. § 471, Section 47123), as amended, (prohibits discrimination based on race, creed, color, national origin, or sex);
- The Civil Rights Restoration Act of 1987, (PL 100-209), (Broadened the scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, The Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms “programs or activities” to include all of the programs or activities of the Federal-aid recipients, sub-recipients and contractors, whether such programs or activities are Federally funded or not);
- Titles II and III of the Americans with Disabilities Act, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 U.S.C. §§ 12131 – 12189) as implemented by Department of Transportation regulations at 49 CFR parts 37 and 38;
- The Federal Aviation Administration’s Non-discrimination statute (49 U.S.C. § 47123) (prohibits discrimination on the basis of race, color, national origin and sex);
- Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures non-discrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations;
- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (79 Fed. Reg. at 74087 to 74100);
- Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating because of sex in education programs or activities (20 U.S.C. 1681 et seq.).
Attachment 1C – Disadvantaged Business Enterprise Forms

HHRPDCHRTPO subscribes to the Virginia Department of Transportation overall goals for socially and economically disadvantaged businesses for all public spending or private projects that utilize public funding and/or incentives.

A Contract goal of 10% DBE participation has been established for this RFP. Attachment 1C forms and supporting documentation must be submitted in the proposal. Offerors shall agree to use their best efforts to assure compliance with the factors set forth in the DBE Program to meet the goal for DBE Participation in the performance of this solicitation.

Required Attachments:

1. DBE PARTICIPATION FORM-400

If the amount of DBE Participation is less than contract Goal, Offerors shall complete:

2. DBE GFE FORM-401.

*Contact Danetta Jankosky, Procurement Officer, at (757) 420-8300 if you need assistance.*
HRPDC/HRTPO DBE COMPLIANCE FORMS

DBE PARTICIPATION FORM-400

Contact the Procurement Officer for questions on completing this form.
Via email: djankosky@hrpdcv.gov
Or
757-420-8300

Proposers: This completed form must be submitted with your proposal. You must complete every section of the form or your proposal will be deemed non-responsive. If a section is not applicable to your proposal, you must explain why it is not applicable on a separate attachment or your proposal will be deemed non-responsive. The prime vendor/consultant shall select DBEs to perform, at minimum, work which corresponds in dollar value to the DBE participation goal stated in the RFP. DBEs must perform a commercially useful function as required by 49 CFR 26.55 of the Federal Register and the Contractual requirements. You may use additional pages as warranted.

SECTION I – SOLICITATION INFORMATION

RFP/RFQ/Solicitation #: __________________________ RFP Due Date: ______/____/____  Contract DBE Participation Goal: % ________ $ __________

RFP Title: __________________________ Description: __________________________

SECTION II – PROPOSER INFORMATION

Proposer Firm Name: __________________________ Address: __________________________

City: __________________________ State: __________________________ Zip Code: __________ Phone: __________ Email: __________________________

Contact Person: __________________________  ☐ DBE #: __________  ☐ SWaM #: __________  ☐ Micro

Proposer Check the Appropriate Space Below:

☐ I am committed to the contract goal of 10% DBE utilization. If selected, I understand that I must submit signed commitment forms from all DBEs listed on this participation plan in order to be awarded a contract.

☐ I am unable to meet the DBE contract goal; however I am committed to a minimum of ________% & $__________ of DBE utilization and will submit documentation demonstrating good faith efforts. (You must complete and submit a DBE GFE Form-401, along with all required supporting documentation or your proposal will be deemed non-responsive.)

☐ I am unable to meet the DBE Contract Goal (You must complete and submit DBE GFE (Good Faith Effort) Form-401, along with all required supporting documentation or your proposal will be deemed non-responsive)
HRPDC/HRTPO DBE COMPLIANCE FORMS

DBE PARTICIPATION FORM-400

SECTION III – SUBCONTRACTOR INFORMATION: You must list all DBE firms that have agreed to participate on the contract. Please note: Every DBE firm listed must be utilized on the project. To remove and/or replace a DBE Firm you must submit a DBE removal/Substitution Request Form-404 and receive approval from the Office of Business Diversity & Engagement to remove and/or replace the firm. It is the proposer’s responsibility to verify that the DBE firm is properly certified prior to submitting the DBE Participation Form-400. Each commitment must be accompanied by written confirmation from the listed DBE Firms that it is participating in the contract as stated in the prime consultant’s commitment. A copy of a DBE’s quote will serve as written confirmation that the DBE is participating in the contract. (Make additional copies of subconsultant form if needed)

Sub-Consultant Firm Name: ____________________________ ☐DBE # ____________ ☐SWaM # ____________ ☐Neither
Address: __________________________________________ City: ___________________ State: ____________ Zip Code: ____________
Phone No: ___________________ Email: ___________________ Contact Person: ___________________
Scope of work to be performed by the DBE: ________________________________________________________________

Dollar Value of subcontract $ ____________ % ______________

Sub-Consultant Firm Name: ____________________________ ☐DBE # ____________ ☐SWaM # ____________ ☐Neither
Address: __________________________________________ City: ___________________ State: ____________ Zip Code: ____________
Phone No: ___________________ Email: ___________________ Contact Person: ___________________
Scope of work to be performed by the DBE: ________________________________________________________________

Dollar Value of Subcontract $ ____________ % ______________

Contact the Procurement Officer for questions on completing this form.
Via email: djankosky@hrpdcv.gov
Or
757-420-8300
**DBE PARTICIPATION FORM-400**

Contact the Procurement Officer for questions on completing this form.
Via email: djankosky@hrpdcva.gov
Or
757-420-8300

<table>
<thead>
<tr>
<th>Sub-Consultant Firm Name: ________________________________</th>
<th>☐ DBE # __________</th>
<th>☐ SWaM # __________</th>
<th>☐ Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: _____________________________________________</td>
<td>City: ______________</td>
<td>State: ____________</td>
<td>Zip Code: __________</td>
</tr>
<tr>
<td>Phone No: ______________</td>
<td>Email: ______________</td>
<td>Contact Person: ____________________</td>
<td></td>
</tr>
<tr>
<td>Scope of work to be performed by the DBE: ________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dollar Value of Subcontract | % of Utilization | Commit to use? ☐ Yes ☐ No |
$ ______________ | % __________ |

<table>
<thead>
<tr>
<th>Sub-Consultant Firm Name: ________________________________</th>
<th>☐ DBE # __________</th>
<th>☐ SWaM # __________</th>
<th>☐ Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: _____________________________________________</td>
<td>City: ______________</td>
<td>State: ____________</td>
<td>Zip Code: __________</td>
</tr>
<tr>
<td>Phone No: ______________</td>
<td>Email: ______________</td>
<td>Contact Person: ____________________</td>
<td></td>
</tr>
<tr>
<td>Scope of work to be performed by the DBE: ________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dollar Value of Subcontract | % of Utilization | Commit to use? ☐ Yes ☐ No |
$ ______________ | % __________ |
HRPDC/HRTPO DBE COMPLIANCE FORMS

DBE PARTICIPATION FORM-400

Contact the Procurement Officer for questions on completing this form.
Via email: djankosky@hrpdcva.gov
Or
757-420-8300

Sub-Consultant Firm Name:  
☐ DBE #  
☐ SWaM #  
☐ Neither

Address:  
City:  
State:  
Zip Code:  

Phone No:  
Email:  
Contact Person:  

Scope of work to be performed by the DBE: 

Dollar Value of Subcontract  % of Utilization  Commit to use?   ☐ Yes   ☐ No

$________________
% _________

Sub-Consultant Firm Name:  
☐ DBE #  
☐ SWaM #  
☐ Neither

Address:  
City:  
State:  
Zip Code:  

Phone No:  
Email:  
Contact Person:  

Scope of work to be performed by the DBE: 

Dollar Value of Subcontract  % of Utilization  Commit to use?   ☐ Yes   ☐ No

$________________
% _________

DBE Participation Form-400 Page 4 of 5
Additional steps Offerors will take to meet DBE Contract Goal?

ACKNOWLEDGED BY:

Offeror acknowledges and certifies that this form accurately represents the information contained herein.

________________________________________________________________________

Offeror’s Authorized Agent Signature

________________________________________________________________________

Title

_____/_____/_____

Date

Do Not Write in Box – For Organization Use Only

APPROVED NOT APPROVED TOTAL % UTILIZATION % ____________ TOTAL DBE COMMITMENT $ ________________

BY __________________________ DATE _____/_____/_____

RFP DBE PARTICIPATION SCORE ____________
HRPDC/HRTPO DBE COMPLIANCE FORMS

DOCUMENTATION OF GOOD FAITH EFFORTS-401

If the DBE goal established for this contract has not been met or HRPDC/HRTPO requests the submittal thereof, Good Faith Efforts (GFE) are required to be made and demonstrated on all applicable HRPDC/HRTPO contracts. Proposers are required to complete and submit DBE GFE Form-401 along with all required supporting GFE documentation.

**Proposer:** This completed form along with all required supporting documentation must be submitted with your proposal. Should the Proposer fail to comply with this request, the Proposal/bid shall be considered non-responsive.

RFP/RFQ/Bid/Solicitation/Other #: __________________________ Bid/Proposal Amount $_________________________ Date: ___/___/____

Description: ____________________________________________________________

Name of Prime: ___________________________________________________________

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

PRINT NAME: ___________________________________________ SIGNATURE: __________________________________________, TITLE: ____________________________

Instructions: Please complete sections A through D and include all specific supporting documentation as outlined below. All sections of this form must be completed, or your response will be deemed non-responsive. If you feel that any section of this form is not applicable, do not respond/write “not applicable” or “NA.” You must provide a written statement as to why section is not applicable to your response. Attach additional pages if necessary.

☐ SPECIFIC PORTIONS OF WORK IDENTIFIED FOR DBE SUBCONTRACTOR: Complete section A.

☐ NOTIFYING CERTIFIED DBEs OF CONTRACTING OPPORTUNITIES: Please attach a copy of the announcement and written notices distributed to DBE(s). Example: Newspaper, email, mail correspondence, and community outreach notices, etc.

☐ INITIAL SOLICITATION & FOLLOW-UP OF INITIAL SOLICITATION: Bidders/Respondents may only solicit from the State and Local Disadvantaged Business Enterprise directories located on the SBSD website.
OFFICE OF SUPPLIER DEVELOPMENT

EQUAL BUSINESS OPPORTUNITY PROGRAMS

RESPONSIVENESS AND DOCUMENTATION OF GOOD FAITH EFFORTS

DBE FORM - 1

HRPDC/HRTPO DBE COMPLIANCE FORMS

DOCUMENTATION OF GOOD FAITH EFFORTS-401

A. **SPECIFIC PORTIONS OF WORK IDENTIFIED FOR DBE SUBCONTRACTOR:** You must list all selected scopes or portions of work to be performed by DBE(s) in order to increase the likelihood of meeting the contract goal for this project and the estimated value of each scope or portions of work identified. Use additional pages if warranted.

<table>
<thead>
<tr>
<th>Scope or Portions of Work Identified for DBE Participation</th>
<th>Estimated Value</th>
<th>% of Contract Value</th>
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<td>TOTAL</td>
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B. **NOTIFYING CERTIFIED DBEs OF CONTRACTING OPPORTUNITIES:** Please complete all fields below, list all sources of advertisement and outreach to DBE subs.

I. Did you attend all pre-bid and/or outreach meetings scheduled by HRPDC/HRTPO to inform DBEs of subcontracting opportunities?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Date of Meeting</th>
</tr>
</thead>
</table>
III. **ADVERTISING SUBCONTRACTING OPPORTUNITIES:** You must identify publications in which announcements or notifications were placed and published. Include a copy of each announcement or notification.

<table>
<thead>
<tr>
<th>Source of Advertising/Outreach</th>
<th>What subcontracting areas of work were advertised?</th>
<th>Date of Ad</th>
<th>Due Date &amp; Time for Sub Bids</th>
<th>OBDE VERIFICATION</th>
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</table>

C. **INITIAL SOLICITATION & FOLLOW-UP:** You must complete all fields below, list all certified DBE firms that received telephone or e-mail notification of work items to be subcontracted. If no response was received to the initial solicitation, you must indicate when firms received subsequent telephone or email solicitations (list delivery date, or read receipt date, and certified firm’s response). You must include copies of the physical and/or electronic notice(s) sent to certified firms. Use additional pages as warranted.

<table>
<thead>
<tr>
<th>DBE FIRM &amp; CONTACT</th>
<th>PHONE</th>
<th>Scope of Work Solicited</th>
<th>Date of Written Notification</th>
<th>Result of Initial Communication</th>
<th>Date of Follow-up and Method of Contact (Phone, Fax, Email)</th>
<th>Result of Follow-up Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. ABC Company / Jane Smith</td>
<td>(504) 123-4567</td>
<td>Legal services</td>
<td>01/01/14</td>
<td>Will submit a quote</td>
<td>01/10/14</td>
<td>email</td>
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### DOCUMENTATION OF GOOD FAITH EFFORTS-401

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<tr>
<th>DBE FIRM &amp; CONTACT</th>
<th>PHONE</th>
<th>Scope of Work Solicited</th>
<th>Date of Written Notification</th>
<th>Result of Initial Communication</th>
<th>Date of Follow-up and Method of Contact (Phone, Fax, Email)</th>
<th>Result of Follow-up Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. ABC Company /Jane Smith (504) 123-4567</td>
<td>Legal services</td>
<td>01/01/14</td>
<td>Will submit a quote</td>
<td>01/10/14</td>
<td>email</td>
<td>Quote received</td>
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Contact Procurement Officer for questions on completing this form. Via email: djankosky@hrpdcva.gov  
OR  
723 Woodlake Drive, Chesapeake VA, 23320
D. NEGOTIATE IN GOOD FAITH: You must provide an explanation for any rejected DBE bid or price quotation, unless another DBE is accepted for the same work.

I. Where price competitiveness is not the reason for rejection, you must complete all fields below and provide a copy of the written rejection notice including the reason for rejection to the rejected DBE firm. A meeting may be held with the rejected DBEs, if requested to discuss the rejection. Use additional pages as warranted. You must attach a copy of the notice.

<table>
<thead>
<tr>
<th>DBE Subcontractor</th>
<th>Scope</th>
<th>Date rejection notice sent</th>
<th>Reason</th>
<th>Meet with DBE Sub?</th>
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</table>
II. Where price competitiveness is the reason for rejection, you must complete all fields below and attach copies of all DBE and non DBE bid quotes. Use additional pages as warranted.

<table>
<thead>
<tr>
<th>DBE Subcontractor</th>
<th>Scope</th>
<th>Quote</th>
<th>Non-DBE Subcontractor</th>
<th>Scope</th>
<th>Quote</th>
<th>Price Variance (+/-)</th>
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III. **NEGOTIATE IN GOOD FAITH**: You must provide a copy of all correspondence documenting negotiation efforts including copies of DBE and non-DBE quotes and copies of written rejection notices.
IV. **OTHER:** Please provide narrative details of any other efforts your firm conducted to attain the DBE goal. Use additional pages as warranted.

<table>
<thead>
<tr>
<th>APPROVED</th>
<th>NOT APPROVED</th>
<th>TOTAL % UTILIZATION</th>
<th>TOTAL DBE COMMITMENT $</th>
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</table>

Do Not Write in Box – For Organization Use Only

BY ___________________________ DATE ___/___/_____ RFP DBE PARTICIPATION SCORE ___________

Contact Procurement Officer for questions on completing this form. Via email: djankosky@hrpdcv.gov OR 723 Woodlake Drive Chesapeake, VA 23320