

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
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- 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: _____
_____ Zip Code: _____	(Please Print)
	Title: _____
FEI/FINT No.: _____	Phone: _____ Fax: _____
Email: _____	Website: _____

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.

FORM 6

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

FORM 7

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

Attachment 1A – Nondiscrimination
Contractor/Consultant/Supplier Agreement: USDOT 1050.2A – Appendix A

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 non-discrimination statutes 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);
- Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. § 794 *et. seq.*), as amended, (prohibits discrimination on the basis of disability); and 49 CFR Part 27;
- 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**

HRPDC/HRTPO 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.

DBE PARTICIPATION FORM-400

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/RFO/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)

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 % of Utilization Contract 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
\$ _____ % _____

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

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

Additional steps Offerors will take to meet DBE Contract Goal?

[Empty rectangular box for additional steps]

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 _____	

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: _____ has satisfied the requirements of the bid/proposal specifications for the above referenced BID/RFP/RFQ or solicitation by the HRPDC/HRTPO in the following manner: *(Please check the appropriate space)*

- The Bidder/Proposer is unable to meet the DBE contract goal and has completed and submitted DBE GFE Form-401 along with all required supporting GFE documentation.**
- The Bidder/Proposer is unable to meet the DBE contract goal, however is committed to a minimum of _____% DBE utilization on this contract and has completed and submitted DBE GFE Form -401 along with all required supporting GFE documentation.**

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 SBSB website.

DOCUMENTATION OF GOOD FAITH EFFORTS-401

Contact Procurement Officer for questions on completing this form.

Via email: djankosky@hrpdcva.gov

OR

723 Woodlake Drive

Chesapeake VA, 23320

- 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.

Scope or Portions of Work Identified for DBE Participation		Estimated Value	% of Contract Value
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	
7.		\$	
8.		\$	
9.		\$	
10.		\$	
11.		\$	
12.		\$	
TOTAL		\$	

- 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?

YES	NO	Date of Meeting

DOCUMENTATION OF GOOD FAITH EFFORTS-401

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.

Source of Advertising/Outreach	What subcontracting areas of work were advertised?	Date of Ad	Due Date & Time for Sub Bids		OBDE VERIFICATION
			Date	Time	
1.					
2.					
3.					
4.					

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.

DBE FIRM & CONTACT	PHONE	Scope of Work Solicited	Date of Written Notification	Result of Initial Communication	Date of Follow-up and Method of Contact (Phone, Fax, Email)	Result of Follow-up Communication
<i>Ex. ABC Company /Jane Smith</i>	<i>(504) 123-4567</i>	<i>Legal services</i>	<i>01/01/14</i>	<i>Will submit a quote</i>	<i>01/10/14 email</i>	<i>Quote received</i>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

DOCUMENTATION OF GOOD FAITH EFFORTS-401

DBE FIRM & CONTACT	PHONE	Scope of Work Solicited	Date of Written Notification	Result of Initial Communication	Date of Follow-up and Method of Contact (Phone, Fax, Email)	Result of Follow-up Communication
<i>Ex. ABC Company /Jane Smith</i>	<i>(504) 123-4567</i>	<i>Legal services</i>	<i>01/01/14</i>	<i>Will submit a quote</i>	<i>01/10/14 email</i>	<i>Quote received</i>
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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.

DBE Subcontractor	Scope	Date rejection notice sent	Reason	Meet with DBE Sub?		
				Yes	No	Not requested

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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.

DBE Subcontractor	Scope	Quote	Non-DBE Subcontractor	Scope	Quote	Price Variance (+/-)
		\$			\$	
		\$			\$	
		\$			\$	
		\$			\$	
		\$			\$	
		\$			\$	
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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.

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OR
723 Woodlake Drive
Chesapeake, VA 23320

IV. OTHER: Please provide narrative details of any other efforts your firm conducted to attain the DBE goal. Use additional pages as warranted.

Do Not Write in Box – For Organization Use Only

APPROVED	NOT APPROVED	TOTAL % UTILIZATION % _____	TOTAL DBE COMMITMENT \$ _____
BY _____	DATE ____/____/____	RFP DBE PARTICIPATION SCORE _____	