

ATTACHMENT 1



SAN FRANCISCO PUBLIC WORKS

SMALL BUSINESS ENTERPRISE/DISADVANTAGED BUSINESS ENTERPRISE PROGRAM FOR FEDERALLY FUNDED CONSTRUCTION CONTRACTS

REQUEST FOR BIDS

[PROJECT TITLE]

Sourcing Event ID XXXX

This Solicitation can be viewed at SF City Partner Website
<https://sfcitypartner.sfgov.org/pages/index.aspx>



SFPW SBE/DBE FORM 1

INSTRUCTIONS
BIDDER AND SUBCONTRACTOR PARTICIPATION COMMITMENT REPORT

Submit with the Bid or within 5 Business days of Bid

ALL BIDDERS:

Submit SBE/DBE information with the Bid using the "Bidder And Subcontractor Participation Report" (SBE/DBE Form 1). If the SBE/DBE Form 1 is not submitted with the Bid, the Bid may be deemed nonresponsive.

PLEASE NOTE: It is the bidder's responsibility to verify that the SBE(s)/DBE(s) are certified at the time of bid opening. This verification of the SBE/DBE status, in the form of certification letter or website listing, may be submitted with your bid proposal. If it is not, the apparent low Bidder, and any other Bidder so requested shall submit to the Contract Compliance Officer said verification within five (5) working days after the Bid Opening.

All bidders are required to complete SBE/DBE Form 1 and include the names of the SBEs/DBEs being used, a description of the work the SBEs/DBEs will perform, the services or supplies that will be provided by each SBE/DBE, and the dollar value of each SBE/DBE transaction. (Note: The SBE/DBE subcontractors listed on SBE/DBE Form 1 are also required to be listed on the Proposed Subcontractors Form (Section 00 43 36) when the amount of the subcontractor's bid is in excess of ½ of 1% of the base bid.)

Bidders whose SBE/DBE Form 1 indicates that the SBE/DBE/MBE/WBE/DVBE goals have not been met must submit a written report with supporting documents that demonstrates all actions taken by the bidder to meet the SBE/DBE goals prior to bid proposal submittal. The bidder should pay close attention to the Good Faith Efforts paragraph of Section 00 22 14 prior to completing the written report. If the Contract Compliance Officer requires further information following its review of the report, the bidder shall submit the requested information within five (5) working days.

SBE/DBE Form 1 requires specific information regarding the construction contract: Project Name, Contract Number, Bid Amount, and Bidder's information.

IMPORTANT: Identify **all** SBE/DBE/MBE/WBE/DVBE firms participating in the project regardless of tier. Names of the First Tier SBE/DBE Subcontractors and their respective item(s) of work listed should be consistent, where applicable, with the names and items of work in the "List of Subcontractors" form submitted with your bid.

There are columns for the SBE/DBE/MBE/WBE/DVBE participation dollar amounts. Enter the Total Claimed SBE/DBE/MBE/WBE/DVBE Participation dollars and percentage amount of items of work submitted with your bid. (If 100% of item is not to be performed or furnished by the SBE/DBE/MBE/WBE/DVBE, describe exact portion of time to be performed or furnished by the SBE.) Refer to Section 00 22 14, "SBE/DBE Program" for more details.

SBE/DBE Form 1 must be signed and dated by the person bidding. Also list a phone number in the space provided and print the name of the person to contact.



SFPW SBE/DBE FORM 1 BIDDER AND SUBCONTRACTOR PARTICIPATION COMMITMENT REPORT

Submit with the Bid or within 5 Business days of Bid

CONTRACT NO:		BID AMOUNT: \$
PROJECT NAME:		
BIDDER'S COMPANY NAME:		
Is Bidder An SBE/DBE/MBE/WBE/DVBE or SFLBE? <input type="checkbox"/> YES <input type="checkbox"/> NO		If joint venture with SBE/DBE/MBE/WBE/DVBE SFLBE enter percentage of SBE/DBE participation in joint venture: %
Is Bidder a joint venture with SBE/DBE/MBE/WBE/DVBE or SFLBE partner? <input type="checkbox"/> YES <input type="checkbox"/> NO		

*Type: Indicate if SBE/DBE/MBE/WBE/DBVE subcontractor is a first tier (F), lower tier (L), supplier (S) or service contractor (SC, e.g. trucker)

* TYPE	NAME & ADDRESS SBE/DBE PRIME, or SUBCONTRACTOR, or SUPPLIER, or SERVICE PROVIDER	CERTIFICATION TYPE <i>(i.e., Local, CUCP, Calif. SBE, SFPW Contract Compliance Office verified) And Cert. No.</i>	BID ITEM NO.	PORTION OF WORK <i>(Briefly describe the Work or services that will be performed or materials to be provided by each SBE/DBE/MBE/WBE/DVBE/SFLBE subcontractor, or contracted if the Bidder is an SBE/DBE/MBE/WBE/DVBE/SFLB)</i>	DOLLAR AMOUNT <i>(SBE/DBE/MBE/ WBE/DVBE/SFLBE PARTICIPATION)</i>
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
¹ See Section 00 22 14 "SBE/DBE Program" to determine how to count the dollar amount for participation of SBE/DBE firms.				TOTAL CLAIMED SFLBE/SBE/DBE PARTICIPATION	\$
					%
				TOTAL CLAIMED MINORITY-OWNED SBE/DBE PARTICIPATION	\$
					%
				TOTAL CLAIMED WOMAN-OWNED SBE/DBE PARTICIPATION	\$
					%
				TOTAL CLAIMED DVBE/VOSB-OWNED SBE/DBE PARTICIPATION	\$
					%
				TOTAL CLAIMED SBE/DBE-OWNED PARTICIPATION	\$
					%

I declare, under penalty of perjury under the laws of the State of California, that I am utilizing the above SBE/DBE subcontractors for the portions of work and amounts of subcontracts as reflected in the Bid Documents for this Contract. I agree that my company will achieve the level of SBE/DBE/MBE/WBE/DVBE participation specified above for the entire work under this contract, including any amendments to the contract.

Bidder's Authorized Representative (Signature): _____ Date: _____

Bidder's Authorized Representative (Print): _____ Phone: _____



SFPW SBE/DBE FORM 2
SBE/DBE CONTRACTOR/SUBCONTRACTOR PARTICIPATION – GOOD FAITH EFFORTS

Submit with the Bid or within 5 days of Bid Opening

Contract Number:
Project Title:
Bidder Name:
Bidder's Company Name:
Address:

This form must be completed and submitted along with compelling documentation detailing the good faith efforts made to meet the SBE and DBE participation goals, if the information submitted on SFPW SBE/DBE Form 1 indicates that the SBE/DBE goals have not been met.

If any of the SBE/DBE participation goals are not met, and if this form, along with the compelling documentation detailing the good faith efforts made to meet the goals, is not completed and returned with the bid, the bid shall be deemed non-responsive and rejected.

Good Faith Effort Evaluation

- 1. If the apparent low bidder fails to meet the SBE/MBE/WBE/DVBE Goals, its good faith effort will be evaluated to determine whether it has made adequate good faith efforts.
2. If the apparent low bidder fails to meet at least the average SBE, MBE and WBE commitment, its good faith effort may be determined inadequate, and the bid may be declared nonresponsive.
3. If the apparent successful bidder fails to meet the goal but meets or exceeds the average MBE/WBE/DVBE participation obtained by other bidders, SFPW may view this, in conjunction with other factors, as evidence of the apparent successful bidder having made good faith efforts.

Even if bidder's SBE/DBE Form 1 indicates the SBE/DBE/MBE/WBE/DVBE goals have been met, bidders should still submit the following information to protect their eligibility for the contract. This is because the Contract Compliance Officer may determine that bidders have not met the goals for various reasons, e.g., if an SBE/DBE/MBE/WBE/DVBE subcontractor submitted by the prime contractor was not SBE/DBE/MBE/WBE/LBE/DVBE certified on the bid due date.

Please supply the following information:

- 1. Attending any Prebid meeting scheduled by the awarding department to inform all bidders of SBE/DBE Program requirements for the project for which the contract is awarded.

Date of Prebid Meeting

Names of Attendees



2. List below the names and dates of all certified SBEs/DBEs, LBEs, MBES, WBEs and DVBEs solicited by direct mail for this project or print out a list of SBE/DBE contacted via the States' SBE website, City's CMD website, or Caltrans CUCP DBE website. List the dates and methods used for following up initial solicitations to determine with certainty whether the SBEs/DBEs were interested. Attach copies of letters and supporting documentation, etc

Names of SBEs/DBEs, LBEs, MBEs, WBEs, and DVBEs Solicited	Date of Initial Solicitation	Follow Up Methods and Dates

3. Summarize below the items of work for which the Bidder requested subcontractor services supplied by SBEs/DBEs, the information furnished interested SBEs/DBEs regarding work requirements and any breakdown of tasks into economically feasible units to facilitate SBE/DBE participation. Where there are SBEs/DBEs available for doing portions of the work normally performed by the bidder with its own staff, the bidder will be expected to make portions of such work available for SBEs/DBEs.

Items of Work	Bidder Normally Performs Item? (Y/N)	Information Furnished to SBEs/DBEs,	Breakdown of Items

4. List below the names of SBEs/DBEs solicited for any of the work indicated above and which were not utilized, and a summary of the bidder's discussions and/or negotiations with them.

Names of Rejected SBEs/DBEs	Summarize Discussions and/or Negotiations

5. List the names of subcontractors that were selected over the rejected SBEs/DBEs listed above and the reasons for that choice.



Names of Selected SBEs/DBEs

Reasons for Selection

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Summarize below assistance that the bidder has extended to rejected SBEs/DBEs identified above to remedy the deficiency in their sub-proposal:

7. If insurance is a reason for rejecting any potential SBE/DBE, a complete explanation must be provided as follows:

a. List the names and phone numbers of insurance firms contacted by the bidders and/or other involved parties:

Names of Insurance Firms	Phone No.
_____	_____
_____	_____
_____	_____

b. List the names and phone numbers of public assistance agencies contacted and their responses (for example, the City's Bonding and Insurance Assistance Program):

Name of Agency/Organization	Phone No.	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Use additional sheets of paper if necessary. Appropriate documentation such as copies of newspaper ads, letters soliciting bids, & telephone logs should accompany this form

_____	_____
Bidder's Authorized Representative (Signature)	Date
_____	_____
Name and Title (Print)	Phone
_____	_____
_____	_____
Email	



SFPW SBE/DBE FEDERAL FORM No. 2A - BIDDERS LIST

Submit with the Bid or within 5 days of Bid Opening

Supply the following information for all firms bidding or quoting on this contract. If any information is not included, specify reason why you could not obtain the information. Use additional sheets if necessary.

Name Federal ID or State I.D. No.	Address	Phone	DBE Certified?		Years in Business	Annual Gross Receipts of Firm
			Yes	No		

END OF FORM No. 2A



SFPW SBE/DBE FORM No. 2B
DBE/DBE Bidder/Subcontractor – Gross Revenue Declaration

Submit with the Bid or within 5 days of Bid Opening

BIDDER:

To be completed by SBE/DBE Prime Contractor/Joint Venture Partner/Subcontractor.

An SBE/DBE prime contractor and each listed SBE/DBE subcontractor or supplier, including lower tier subcontractors, must submit the completed declarations to the prime contractor. The prime contractor shall submit completed declarations with its proposal to the Contract Compliance Office. The SBE/DBE attests, under penalty of perjury, that its total average gross revenues for the past five years are equal to or below the income threshold for the specific category of the contract in order to be counted towards the SBE/DBE goal.

Sourcing Event ID/Contract Number: _____

Contract Title: _____

SECTION I

Firm Name: _____ Supplier ID: _____

Address: _____

Phone: _____ Federal I.D. Number: _____

Type of Contractor's License(s): _____

SECTION II

(Check Ownership and Certification Type check all that apply)

- Ownership options: Sole Proprietor, Partnership, Corporation, S-Corp, LLC
Certification options: DBE, SBE, LBE, WBE, MBE, DVBE/VOSB, Verified as SBE/DVBE-Eligible by SFPW Contract Compliance Officer

SECTION III: Income Thresholds for Certain Types of Contracts

(Check category for your business)

The total average gross revenue for the past 5 years must be equal to or below the following category thresholds (Note that these figures may be updated periodically by the DBE/SBE program):



- Construction – Building, Heavy \$30.72 Million
- Construction – Dredging and Surface Cleanup \$30.72 Million
- Construction (specialty trades) \$19.0 Million
- General Freight Trucking \$ 30.40 Million
- Hazardous Waste Collection, Trucking \$ 30.40 Million
- Remediation \$ 25.0 Million
- Testing Labs \$ 19.0 Million
- Other _____ \$ _____

DECLARATION

The undersigned declares under penalty of perjury under the laws of the State of California that its total average gross revenues for the past five years are equal to or below the income threshold for the category checked above.

Signature

Date

Name of Firm (Print)

Name of Owner/Authorized Representative

Address

Phone Number

Email

END OF FORM No. 2B



SCHEDULE B – Joint Venture Participation Form (if applicable)

Submit with the Bid or within 5 days of Bid Opening

BIDDER: _____



SFPW SBE/DBE FORM 3 - CONSTRUCTION EMPLOYMENT INFORMATION

Submit within 5 days of Bid Opening

BIDDER: _____

This form shall be completed by the Bidder and every listed subcontractor and supplier with a subcontract or purchase order of \$10,000 or more. The apparent low Bidder shall submit these forms directly to the Contract Compliance Officer no later than 4:00 p.m., five (5) working days after Bid opening.

This form must be completed and returned in a timely manner or the Bid may be determined non-responsive and rejected. Subcontractors are also required to sign this form.

Sourcing Event ID or Contract Number: _____ **Project Title:** _____

SECTION 1:

Firm Name: _____ **Supplier ID:** _____

Address: _____

Phone: _____ **Federal I.D. Number:** _____

Type of Contractor's License(s): _____

SECTION 2: Submit copies of the last four (4) quarters of the California Quarterly Payroll Tax Record.

List all employees that you plan to utilize on this Contract.

Date of Most Recent Hire	Employee Name ¹	Trade (Carpenter, administration, sales)	Classification (Journeyman, apprentice/secretary, outside sales)	Race ²	Gender

(copy this page for a complete list)

¹Mark with an asterisk all those employees that will be assigned to this project.

²Indicate which of the following: AI/AN=American Indian/Alaskan Native; A/PI=Asian/Pacific Islander; B=Black; F=Filipino; H=Hispanic; or W=White



SECTION 3. List below how many people you will assign to this project and in what trades (contractors only).

- a) Obtain federal employment goals from Section 00 73 41.
- b) Multiply column 4 by column 6 and insert into column 7.
- c) Multiply column 5 by column 6 and insert into column 8.

1	2	3	4	5	6	7	8
Trade	Number of People	Number of Estimated New Hires	Goal for <u>Minority</u> Participation (%)	Goal for <u>Women's</u> Participation (%)	Total Hours Estimated in each Trade	# Minority Hours	# Women Hours

SECTION 4. Explain in detail your method of hiring and the provisions of your collective bargaining agreement (if applicable) that concern hiring procedures. This explanation should make quite clear the procedures to be followed when job applicants are referred to your company.

SECTION 5.

I will ensure that my firm complies fully with the provisions of Chapter 12B of the San Francisco Administrative Code. I acknowledge and am hereby advised that upon a finding of non-compliance with the provisions of Chapter 12B, the City is authorized to impose penalties which may include financial penalties and disqualification from providing goods and services to the City and County of San Francisco for a period not to exceed two years.

I declare that the above provisions are true and correct under penalty of perjury under the laws of the State of California.

Owner/Authorized Representative (Signature)

Name of Firm, Partnership or Joint Venture (Print)

Name and Title (Print)

Date



**SFPW SBE/DBE FORM 4
SFLBE/SBE/DBE/MBE/WBE/DVBE/VOSB
SUBCONTRACTOR PARTICIPATION DECLARATION**

Submit within 5 days of Bid Opening

BIDDER: _____

This declaration is to be completed by each prime contractor or subcontractor, as appropriate, and submitted to the Contract Compliance Officer, no later than 4:00 p.m., five (5) working days after the date of Bid opening (refer to Section 00 22 14).

I, _____
(Name of Owner/Representative and Title)

declares that, contingent upon award of _____,
(Contract No.) (Name of Prime Contractor)

will award subcontracts or purchase orders to the following SBE/DBE firms:
(If the firm is a joint venture, you must attach a copy of the joint venture agreement)

Name and Address of SBE/DBE Firm	SBE/DBE Certified (Type)	License No.	Gender M / F	Ethnicity	Type of Work (Describe)	\$ Amount of Subcontract	% of Contract

Total Dollar Value of SFLBE/SBE/DBE Work:	\$		=		% of SFLBE/SBE/DBE Participation
Total Dollar of Bid Price:	\$				
Total Dollar Value of Minority-Owned DBE Work:	\$		=		% of Minority-Owned Participation
Total Dollar Value of Black-Owned DBE Work:	\$		=		% of Black-Owned DBE Participation
Total Dollar of Bid Price:	\$				
Total Dollar Value of Woman-Owned DBE Work:	\$		=		% of Woman-Owned DBE Participation
Total Dollar of Bid Price:	\$				
Total Dollar Value of Veteran-Owned DBE Work:	\$		=		% of DVBE/Veteran-Owned Business Participation
Total Dollar of Bid Price:	\$				

I declare, under penalty of perjury under the laws of the State of California, that the above information is true and correct.

Owner/Authorized Representative (Signature)

Date

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**SFPW SBE/DBE FORM 5
SMALL BUSINESS ENTERPRISE/DISADVANTAGED BUSINESS
ENTERPRISE/SFLBE/MBE/WBE/DVBE/VOSB
ACKNOWLEDGMENT DECLARATION**

Submit within 5 days of Bid Opening

BIDDER: _____

Every listed SBE/DBE/SFLBE/MBE/WBE/DVBE/VOSB subcontractor or supplier (including lower tier subcontractors) must submit the completed declarations to the apparent low Bidder. The apparent low Bidder shall submit completed declarations and copies of the subcontractors' or suppliers' bid quotations directly to the Contract Compliance Officer no later than 4:00 p.m., five (5) working days after the date of Bid opening (refer to Section 00 22 14).

_____ acknowledges that
(SBE/DBE Owner or Authorized Representative and Title)
_____ will award a subcontract in the amount of \$ _____,
(Name of Prime Contractor)
or a purchase order in the amount of \$ _____, to _____
(Name of SBE/DBE Firm)
License No. _____. Nature of work to be performed by SBE/DBE: _____

SECTION II. FORM OF OWNERSHIP FOR SBE/DBE

- Sole Proprietor
- Partnership
- Joint Venture
- Corporation
- Limited Liability Partnership
- Limited Liability Corporation

Type of SBE/DBE Certification: _____

SECTION III. LIST OF OWNERS

Name	Ethnicity ¹	Gender (M/F)	% of Ownership

Percentage of SBE/DBE/MBE/WBE/DVBE-VOSB Stockholders _____

¹Ethnic Codes: AI/AN=American Indian or Alaskan Native; A/PI=Asian or Pacific Islander; B=Black; F=Filipino; H=Hispanic; and W=White



SECTION IV. LIST INSURANCE POLICIES AND BONDING ARRANGEMENTS

Name Of Policy	Party Insured

SECTION V:

FOR CONTRACTORS AND SUBCONTRACTORS ONLY:

List the firm's annual gross receipts for the last three fiscal years:

Fiscal Years	Annual Gross Receipts
	\$
	\$
	\$

FOR SUPPLIERS ONLY:

List the number of employees for the last three fiscal years

Fiscal Years	Number of Employees

SECTION VI. ADDITIONAL SUBCONTRACTING BY SUBCONTRACTOR

Check one:

- We will not subcontract any portion of work to another subcontractor/sub consultant.
- We WILL subcontract out _____ % of our work to _____
(percent) (Name of Subcontractor)
in the amount of \$ _____ Indicate Owner's ethnicity and gender: _____

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct; and that our firm is a certified SBE/DBE/MBE/WBE/DVBE/VOSB as defined under the SBE/DBE/LBE/MBE/WBE/DVBE/VOSB Program (Refer to Section 00 22 14).

_____ Owner/Authorized Representative (Signature)	_____ Date
_____ Name and Title (Print)	_____ Phone



SFPW SBE-DBE FORM 6:
FEDERAL SBE SUBCONTRACTOR PARTICIPATION AFFIDAVIT

Submit within 5 days of Bid Opening

BIDDER: _____

This affidavit is to be completed by each SBE/DBE/LBE/MBE/WBE/DVBE/VOSB subcontractor or supplier (including lower tier subcontractors) and submitted to the apparent low Bidder. The apparent low Bidder shall submit the completed affidavits and copies of the subcontractors' or suppliers' bid quotations to the SFPW Contract Compliance Officer no later than 5:00 p.m. on the fifth business day following the Bid opening. Subcontractor may attach additional sheets if more space is needed to provide complete information.

Contract Number: _____ Project Name: _____

Name of Bidder: _____

Name of SBE/DBE, LBE, MBE, WBE, DVBE, VOSB Sub or Supplier: _____

License #: _____ Scope of work: _____

1. _____ verify that _____ bid
Name of SBE, LBE, MBE, WBE, DVBE, VOSB Owner/Representative SBE/DBE, LBE, MBE, WBE, DVBE, VOSB Firm

to the above referenced Bidder for subcontracting work in the amount of \$ _____ and
have been offered a subcontract in that amount.

2. Please list major vendors/suppliers of goods/services for this project:

Table with 4 columns: Name, Phone, Product(s), \$ Amount. Contains 3 empty rows for data entry.

3. Please describe scope(s) of work:

4. Check one:

- Checkboxes for subcontracting work: We will NOT subcontract out ANY portion of our work to another subcontractor. We WILL subcontract out _____% of our work to: _____ Firm in the amount of \$_____. This business is a: SBE Certified Not SBE Certified.

5. I have enclosed a copy of my Firm's Bid Quotation.

I declare, under penalty of perjury, that the above information is true and correct and that our firm is a bona fide, certified SBE as defined under Chapter 14B of the San Francisco Administrative Code.

Owner/Authorized Representative (Signature)

Date



SFPW SBE-DBE FORM 6A: FEDERAL SBE TRUCKING

BIDDER: _____

This form must be submitted when the apparent low Bidder will be utilizing SBE/DBE, LBE, MBE, WBE, DVBE AND VOSB certified SBE trucking firms. This form is to be completed to describe the complete scope of trucking work to be performed for the Contract and submitted to the SFPW Contract Compliance Officer by 5 p.m. on the fifth day following Bid opening.

Sourcing Event ID or Contract Number: _____ Contract Name: _____

SECTION 1. TRUCKING ESTIMATE

Products to be Hauled:		
Type of equipment needed/indicate maximum Number of trucks needed per day:		
Quantity of product to be hauled:		
Estimated quantity per truckload:		
Estimated number of truckloads:		
Products to be hauled from (give point of origin):		
Estimated Number of truck hours per trip:		
Trucking Rate:		
Estimate of total trucking (Number of loads times hours per trip times trucking hourly rate):		

If an assigned Trucker is being paid for Administrative Work (i.e. Dispatcher), Describe and State Amount to be Paid: _____

Is this assigned Trucking firm an SBE or Non-SBE firm, specify: SBE Non-SBE

Total Dollar Amount Committed to SBE Truckers: \$ _____

* Disposal fee and equipment rental fee will not be counted towards meeting the SBE trucking dollars amount.

SECTION 2. TRUCKING AND HAULING FIRMS

List below SBE/DBE certified trucking and hauling firms that will be utilized on this project along with any trucking firms that it will further subcontract out portions of its work. Copy this form for additional truckers and provide the requested information for each SBE trucker.

Firm Name:	<input type="checkbox"/> SBE <input type="checkbox"/> Non-SBE
Products to be hauled:	
Number of Trucks Needed:	
Type of Trucks Needed:	
Proposed Dollar Amount of subcontract:	



Firm Name:	<input type="checkbox"/> SBE <input type="checkbox"/> Non-SBE
Products to be hauled:	
Number of Trucks Needed:	
Type of Trucks Needed:	
Proposed Dollar Amount of subcontract:	

Firm Name:	<input type="checkbox"/> SBE <input type="checkbox"/> Non-SBE
Products to be hauled:	
Number of Trucks Needed:	
Type of Trucks Needed:	
Proposed Dollar Amount of subcontract:	

Firm Name:	<input type="checkbox"/> SBE <input type="checkbox"/> Non-SBE
Products to be hauled:	
Number of Trucks Needed:	
Type of Trucks Needed:	
Proposed Dollar Amount of subcontract:	

Firm Name:	<input type="checkbox"/> SBE <input type="checkbox"/> Non-SBE
Products to be hauled:	
Number of Trucks Needed:	
Type of Trucks Needed:	
Proposed Dollar Amount of subcontract:	

I declare, under penalty of perjury that I am the owner or authorized representative of this firm and that the foregoing is true and correct.

Owner/Authorized Representative (Signature)

Name and Title (Print)

Firm Name

Telephone Email Date



Post Award

**SFPW SBE/DBE FORM 7: PROGRESS PAYMENT REPORT
PRIME CONTRACTOR/JOINT VENTURE PARTNER AND SUBCONTRACTOR PARTICIPATION REPORT**

To be entered by Prime Consultant and submitted to the City with its monthly progress payment application (transmit to the following):

TO: Resident Engineer or Inspector **COPY:** SFPW Contract Compliance Officer
FROM:(Contractor) _____ **Date:** _____

SECTION 1: Fill in all the blanks

Contract Number: _____ **Contract Name:** _____

Reporting Period From: _____ **To:** _____ **Progress Payment No:** _____

The information submitted on Sections 1 and 2 of this form is accurate for the progress payment period immediately preceding that of the current payment application attached herewith.

- 1. Original Contract Award Amount: \$ _____
- 2. Amount of Change Orders, Amendments and Modifications to Date: \$ _____
- 3. Total Contract to Date including Change Orders, Amendments and Modifications (Line 1 + Line 2): \$ _____
- 4. Gross Amount Invoiced this submittal period: \$ _____
- 5. All Previous Gross Amounts Invoiced: \$ _____
- 6. Total Gross Amounts of Progress Payments Invoiced to Date (Line 4 + Line 5): \$ _____
- 7. Percent Complete (Line 6 ÷ Line 3): _____ %

Prime Contractor, including each joint venture partner, must sign this form

Owner/Authorized Representative (Signature)

Name (Print)

Title (Print)

Firm Name

Telephone

Fax

Date

Owner/Authorized Representative (Signature)

Name (Print)

Title (Print)

Firm Name

Telephone

Fax

Date



SECTION 2. For column "A", list the Prime Contractor, each Joint Venture partner and ALL subcontractors, vendors, and suppliers including 2nd, 3rd, 4th, and 5th tier subcontractors. Make copies if more space is needed. Prime Contractors must retain copies of all the prime and subcontractor invoices supporting the information tabulated for this progress payment. CMD reserves the right to request and review this information up to five (5) years following project completion and, upon request, Prime Contractor shall submit the requested information to [CMD-SFPW CCO](#) within 10 business days.

- Notes: 1. Failure to submit all required information may lead to partial withholding of progress payment (in accordance with Bid requirements)
- 2. All firms must be CONTINUOUSLY listed on column "A" regardless if a firm is requesting payment.

Identify the SBE/DBE sub participation requirement(s) for this Contract:

Identify the SBE/DBE sub commitment(s) for this Contract:

A	B	C	D	E	F	G	H
<p>Name of Firm</p> <p>List Prime Contractor/JV partners at the prime and sub levels, and all subs, vendors and suppliers for all tiers.</p> <p>(For each firm, indicate if it is an SBE/DBE.)</p>	Service Performed	Amount of Contract or Purchase Order at Time of Award	Amount of Change Orders/ Modifications to Date	Total Amount of Contract or Purchase Order to Date (+/-) Change Orders/Modifications (C+D) or (C- D)	Amount Invoiced this Reporting Period	Amount Invoiced to Date, including Amount Invoiced this Reporting Period (F)	Percent Completed to Date (G÷E)
							%
							%
							%
							%
							%
							%
<i>SBE/DBE Sub-Totals:</i>							%
CONTRACT TOTALS							%



SFPW SBE/DBE FORM 8

SBE/DBE, LBE, MBE, WBE, DVBE, VOSB EXIT REPORT AND DECLARATION

Prime Contractor must complete and sign Sections 1 and 4 of this form for each SBE, DBE, LBE, MBE, WBE, DVBE, VOSB subcontractor/supplier/trucker (including each lower-tier Subcontractors). **All SBEs, DBEs, LBEs MBEs, WBEs, DVBEs, VOSBs must complete and sign Sections 2 and 3** of this form. Please be sure to keep a copy of your outreach/delivery efforts (e.g., email, USPS certified mail, etc.) to the SBE/DBE sub(s). These forms should be submitted to SFPW or the Contract Awarding Authority and CMD with the final progress payment request if the Contract has an SBE/DBE/LBE, MBE, WBE, DVBE, VOSB sub participation requirement.

TO: Resident Engineer Inspector

COPY: SFPW Contract Compliance Officer

FROM (Contractor): _____

Date Transmitted: _____

SECTION 1.

- Please check this box if there are no SBE/DBE subcontractors/suppliers for this Contract.
- Please check this box if the SBE/DBE sub fails to complete and sign this form within 5 business days (see Section 3).

Reporting Date: _____ Contract Name: _____

Name of SBE/DBE: _____ Portion of Work (Trade): _____

Original SBE/DBE Contract Amount: \$ _____

Change Orders, Amendments, Modifications: \$ _____

Final SBE/DBE Contract Amount: \$ _____

Amount of Progress Payments Paid to Date: \$ _____

Amount Owing including all Change Orders, Amendments and Modifications \$ _____

Explanation by Prime Contractor if the final contract amount for this SBE/DBE is less than the original contract amount:

SECTION 2. Please check one:

- I did NOT subcontract out ANY portion of our work to another subcontractor. I
- DID subcontract out our work to:

Name of Firm: _____ Amount Subcontracted: \$ _____

Name of Firm: _____ Amount Subcontracted: \$ _____

SECTION 3.

To be completed/signed by the SBE/DBE:

- Subcontractor/Supplier/Trucker: I agree with the above completed Section 1.
- I disagree with the above completed Section 1.

If "I disagree" is checked above, please explain. SBE/DBE sub must address any discrepancies within 5 business days after it has received this form from the Prime Contractor. If the SBE/DBE sub fails to submit the form within 5 business days, the Prime Contractor will note this under Section 1 of this form and submit the form as is with the final progress payment.



Owner/Authorized Representative (Signature)

Name and Title (Print)

Firm Name

Telephone

Email

Date

SECTION 4.

If this form is submitted without the SBE/DBE's signature, the Prime Contractor must enclose verification of delivery of this form to the SBE/DBE.

I declare, under penalty of perjury under the laws of the State of California, that the information contained in Section 1 of this form is complete, that the tabulated amounts paid to date are accurate and correct, and that the tabulated amounts owing will be paid within three (3) days after receipt of the City's final payment under the Contract.

Owner/Authorized Representative (Signature)

Name and Title (Print)

Firm Name

Telephone

Email

Date



**SFPW SBE/DBE FORM 9
SUBCONTRACTOR PAYMENT AFFIDAVIT**

To be completed and submitted by Contractor, including all joint venture partners if any, and submitted to the City within 10 working days following receipt of each progress payment from the City (transmit to all of the following).

TRANSMITTAL

TO: Resident Engineer/Inspector
FROM (Contractor): _____
COPY: SFPW Contract Compliance Officer
Date Transmitted: _____

List the following information for each progress payment received from the City. Use additional sheets to include complete payment information for all subcontractors (including lower tier subcontractors) and vendors utilized on this Contract. Failure to submit all required information may lead to partial withholding of progress payment. [\(See Chapter 14B\)](#)

Sourcing Event ID or Contract Number: _____ Contract Name: _____
Contract Awarding Department: _____
Progress Payment No.: _____ Period Ending: _____
Amount Received: \$ _____ Date: _____ Warrant/Check No.: _____

Subcontractor/Vendor Name	Business Address	Amount Paid	Payment Date	Check Number

I/We declare, under penalty of perjury under the laws of the State of California, that the above information is complete, that the tabulated amounts paid to date are accurate and correct.

Contractor, including each joint venture partner, must execute this form

Owner/Authorized Representative (Signature)

Name (Print)

Title (Print)

Firm Name

Telephone Date

Owner/Authorized Representative (Signature)

Name (Print)

Title (Print)

Firm Name

Telephone Date



**SFPW SBE/DBE FORM 10
DECLARATION - MODIFICATION OF CONSTRUCTION CONTRACT**

Prime contractor/joint venture must submit this form, along with the required supporting documentation, when processing the first contract amendment, modification, supplement or change order that cumulatively increases the original contract amount by more than 20%, and then for all subsequent requests. (This provision applies only to contracts originally valued at \$50,000 or more).

Name of Project/Contact Title:	
Original Contract Amount:	
Contract Amount as Modified to Date:	
Amount of Current Modification Request:	
New Total Contract Amount after Current Modification Request:	

REQUIRED INFORMATION:

1. A list of all prior contract amendments, modifications, supplements, and/or change orders leading up to this modification, including those leading up to the amendment which increased the original contract amount by more than 20%. Please list below.

Modification/ Amendment Number	Amount of Modification/ Amendment (If Applicable)	Brief Description of Services/Work

2. A spreadsheet showing each firm’s participation for the overall Contract, including each firm’s participation to date and proposed participation under the modification.



PROPOSED CONTRACT VALUE WITH NEW MODIFICATION/AMENDMENT

	SBE/DBE Commitment(s) at the Time of Bid	SBE/DBE Participation To-Date	Projected LBE Commitment(s) Including This Mod/Amend
Small Business Enterprise (SBE)	%	%	%
Disadvantaged Business Enterprise (DBE)	%	%	%
Minority Business Owned (MBE)	%	%	%
Woman-Owned Business (WBE)	%	%	%
Black Owned Business	%	%	%
Disabled/Veteran-Owned Small Business (DVBE/VOSB)	%	%	%
Small-Local Business Enterprise (LBE)	%	%	%
Micro-LBE (MLBE)	%	%	%
TOTALS	%	%	%

Firm Name	Commitment Made at Time of Bid/Proposal	Dollar Invoiced To-Date	Invoiced To-Date	Projected Overall Dollar Amount with This Mod/Amend	Projected Overall % with This Mod/Amend
	%	\$	%	\$	%
	%	\$	%	\$	%
	%	\$	%	\$	%
	%	\$	%	\$	%
	%	\$	%	\$	%
	%	\$	%	\$	%
	%	\$	%	\$	%
	%	\$	%	\$	%
	%	\$	%	\$	%
	%	\$	%	\$	%
SBE/DBE TOTALS:	%	\$	%	\$	%
TOTALS:	%	\$	%	\$	%

3. A brief description of the work to be performed under this amendment, modification, or change order.



4. For any listed SBE/DBE that is currently under its commitment or is not projected to meet its committed percentage of overall work, please provide an explanation as to why this is the case.

SBE/DBE Firms Falling Short of Commitment or Not Projected to Meet Their Committed Percentage of Work:	Reason

Owner/Authorized Representative (Signature)

Name and Title (Print)

Firm Name

Telephone Email