



**VENDOR'S PLAN FOR EQUAL EMPLOYMENT OPPORTUNITY TO SAN DIEGO COMMUNITY COLLEGE DISTRICT**

Vendor Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Reporting Date \_\_\_\_\_

Address \_\_\_\_\_

1. Recruitment of new employees: How many new employees do you intend to hire during the next year? \_\_\_\_\_

2. My current (above reporting date) work force is composed of the following ethnic/racial distribution:

CRAFT	JOB LEVEL ABBVN*	HISPANIC		AFRICAN AMERICAN		FILIPINO / ASIAN		AMERICAN INDIAN		TOTAL MINORITY		TOTAL CAUCASIAN		TOTAL	ABBREVIATIONS: S = SUPERVISOR F = FOREMAN J = JOURNEYMAN A = APPRENTICE T = TRAINEE  OTHERS = SPECIFY, INCLUDING NONCRAFT TYPES  EO = EQUAL EMPLOYMENT OPPORTUNITY
		MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE		

3. How does your organization intend to resolve any EEO deficiencies?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Please provide an outline of the services and programs that your organization will offer which are responsive to insuring and promoting a diverse workforce. Please provide a sufficient description of the EEO services and programs. You may provide a copy of your organization's EEO Plan in response to this question.

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5. My signature below indicates that: I have primary responsibility for the administration of the above named organization's EO/AA program; the information stated in this document is complete and accurate to the best of my knowledge; and that the necessary records will be maintained and will be available for inspection by authorized personnel of the San Diego Community College District.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**San Diego Community College District**

**MINORITY, WOMAN AND DISABLED VETERAN-OWNED  
BUSINESS ENTERPRISE CERTIFICATION**

Each bidder is required to complete the certification below and return it to the Purchasing and Contract Services office, San Diego Community College District, as part of the Bid package.

1. Is your firm a Minority Business Enterprise as defined below in items (a) through (c)?  YES  NO
- (a) A sole proprietorship which is owned by a minority (i.e., American Indian or Alaskan native, Asian or Pacific Islander, African-American, or Hispanic), or a corporation, partnership, or firm, 51 percent of the stock, partnership interest, or other interests of which are owned by one or more minorities; and
  - (b) Managed by, and the daily business operations are controlled by, one or more minorities; and
  - (c) With its home office located in the United States, which is not a branch or subsidiary of a foreign corporation, firm, or other business.
2. Is your firm a Woman-Owned Business Enterprise as defined below in items (a) through (c)?  YES  NO
- (a) A sole proprietorship which is owned by a woman, or a corporation, partnership, or firm, in which 51 percent of the stock, partnership interests, or other interests of which are owned by one or more women; and
  - (b) Managed by, and the daily business operations are controlled by, one or more women; and
  - (c) With its home office located in the United States, which is not a branch or subsidiary of a foreign corporation, firm, or other business.
3. Is your firm a Disabled Veteran-Owned Business Enterprise as defined below in item (a)?  YES  NO
- (a) A business enterprise certified as a disabled veteran business enterprise by the Office of Small and Minority Business, pursuant to Military and Veterans Code Section 999, or a business enterprise that certifies that it has met such standards.

I certify that I have made a diligent effort to ascertain the facts with regard to representations made herein and, to the best of my knowledge and belief, similar information for subcontractors can be supplied if requested/required. I also understand that any misrepresentations may be grounds for termination of contract(s) or disqualification as non-responsive in the issuing or award of future contract(s).

\_\_\_\_\_  
Name/Title of CEO or Authorized Officer

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## NON-COLLUSION AFFIDAVIT

State of California, County of \_\_\_\_\_,  
being first duly sworn, deposes and says that he or she is

\_\_\_\_\_ (name) of \_\_\_\_\_

(company) the party making the foregoing bid that the bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the bid is genuine and not collusive or sham; that the bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham bid, and has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham bid or that anyone shall refrain from bidding; that the bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the bidder or any other bidder, or fix any overhead, profit, or cost element of the bid, or of that of any other bidder, or to secure any advantage against the public body awarding the contract or anyone interested in the proposed contract; that all statements contained in the bid are true; and, further, that the bidder has not, directly or indirectly, submitted his or her bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company, association, organization, bid depository, or to any member or agent thereof to effectuate a collusive or sham bid.

I certify (or declare) under the penalty of perjury that the foregoing is true and correct.

Date: \_\_\_\_\_

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Signature of principal/owner

## REFERENCES

Bidder must be able to present evidence of satisfactory experience in providing similar materials and/or services to that requested in this Request for Bid document. Bidder will complete and submit three past performance references.

<b>Name of Entity/Firm</b>			
<b>Address:</b>			
<b>City/State/Zip Code</b>			
<b>Contact Person:</b>		<b>Title:</b>	
<b>Phone Number/Ext:</b>		<b>Fax#:</b>	
<b>Comments:</b>			

<b>Name of Entity/Firm</b>			
<b>Address:</b>			
<b>City/State/Zip Code</b>			
<b>Contact Person:</b>		<b>Title:</b>	
<b>Phone Number/Ext:</b>		<b>Fax#:</b>	
<b>Comments:</b>			

<b>Name of Entity/Firm</b>			
<b>Address:</b>			
<b>City/State/Zip Code</b>			
<b>Contact Person:</b>		<b>Title:</b>	
<b>Phone Number/Ext:</b>		<b>Fax#:</b>	
<b>Comments:</b>			

**Bidder Name:** \_\_\_\_\_ **Signed by:** \_\_\_\_\_



**STATEMENT OF CERTIFICATION OF COMPLIANCE  
WITH  
EQUAL EMPLOYMENT OPPORTUNITY PROGRAM**

I hereby certify that \_\_\_\_\_  
(Legal Name of Vendor)

is in compliance with the Civil Rights Acts of 1964; Executive Orders 11246 and 11375; Department of Labor and Treasury Regulations 41CFR, Chapter 60; California Fair Employment Practices Act; and any other applicable federal and state laws and regulations relative to equal opportunity employment, including laws and regulations hereinafter enacted.

I further certify that the above named vendor is in compliance with San Diego Community College District Policies and Procedures 4110.

Attached hereto is the Equal Employment Opportunity Plan of the above named vendor. This vendor agrees to comply with the terms and conditions of such plan, if awarded business by the San Diego Community College District, and further agrees that the plan and this certificate are to be incorporated in and become a part of each contract document between the District and the above named vendor.

The below must be signed by the person who has primary responsibility for the administration of the above named organization's Equal Employment Opportunity program.

_____ Print Name	_____ Signature	_____ Date
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Return this form to:  
SAN DIEGO COMMUNITY COLLEGE DISTRICT  
Business Services - Purchasing Department  
3375 Camino del Rio South  
San Diego, CA 92108

EEO Compliance approved by:

\_\_\_\_\_  
Johanna Palkowitz  
Equal Opportunity & Diversity Officer

## **WORKERS' COMPENSATION CERTIFICATION**

Labor Code section 3700 relevant parts provides:

Every employer except the State shall secure the payment of compensation in one or more of the following ways:

- (a) By being insured against liability to pay compensation in one or more insurers duly authorized to write compensation insurance in this State.
- (b) By securing from the Director of Industrial Relations a certificate of consent to self-insure, which may be given upon furnishing proof satisfactory to the Director of Industrial Relations of ability to self-insure and to pay any compensation that may become due to his/her employees.

I am aware of the provisions of section 3700 of the Labor Code which require every employer to be insured against liability of workers' compensation or to undertake self-insurance in accordance with the provisions of that code, and I will comply with such provisions before commencing the performance of the work of this contract.

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**Signature of Authorized Representative**

(In accordance with article 5 (commencing at section 1860), chapter 1, part 7, division 2 of the Labor Code, the above certification must be signed and filed with the District prior to performing any work under this contract.)