

**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: _____

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. List as references is the three nearest companies or governmental agencies for the proposed goods and/or services which can be contacted or inspected for an assessment of past client satisfaction. Proposers shall not list the San Diego Community College District as a reference.

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

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

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

Bidder Name: _____ **Signed by:** _____

SUBCONTRACTORS DESIGNATION

The Bidder shall disclose to The San Diego Community College District the name and address of ALL subcontractors to be used in the execution of the subject agreement for this Bid.

The undersigned Bidder plans to utilize subcontractor(s) for this subject Bid/Agreement as follows;

- NO subcontractor(s) shall be used.
- Only the Subcontractor(s) listed below will be used:

Portion of Work Performed:			
Name of Company/Entity:			
Address:			
City/State/Zip Code:			
Contact Person:		Title:	
Phone Number/Ext:		Fax #:	
Purchase Dates/Service Period:			

Portion of Work Performed:			
Name of Company/Entity:			
Address:			
City/State/Zip Code:			
Contact Person:		Title:	
Phone Number/Ext:		Fax #:	
Purchase Dates/Service Period:			

Copy, insert data and number sequentially all additional sheets as required when providing additional designation of subcontractor information.

Bidder Name: _____ Signed by: _____

SUBCONTRACTORS REFERENCES

As part of Proposer's Response; the designation of subcontractor requires a list of references on behalf of those named subcontractor(s).

References may be used for the purpose of assessment of past client satisfaction or facility inspection.

FAILURE TO PROVIDE THE REQUIRED REFERENCES MAY RESULT IN THE RESPONSE BEING CONSIDERED AS NON-RESPONSIVE.

Name of Company/Entity			
Address:			
City/State/Zip Code:			
Contact Person:		Title:	
Phone Number/Ext:		Fax #:	
Product(s)/Services Provided			

Name of Company/Entity			
Address:			
City/State/Zip Code:			
Contact Person:		Title:	
Phone Number/Ext:		Fax #:	
Product(s)/Services Provided			

Name of Company/Entity			
Address:			
City/State/Zip Code:			
Contact Person:		Title:	
Phone Number/Ext:		Fax #:	
Product(s)/Services Provided			

Copies of this form may be made for each Subcontractor to be listed.

Proposer Name: _____ **Signed by:** _____

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.

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.)