

Maryland Certified MBE Utilization and Fair Solicitation Affidavit

(Submit with bid or offer)

Contract Number:	Contract Title:
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This document **MUST** be included with the bid or offer. If the Bidder or Offeror fails to complete and submit this form with the bid or offer as required, the Procurement Officer shall deem the bid non-responsive or shall determine that the bid or offer is not reasonably susceptible of being selected for award.

In conjunction with the bid or offer submitted in response to the contract listed above, I affirm the following:

Check Only One Box

1. I acknowledge and intend to meet the overall certified Minority Business Enterprise (MBE) participation goal of ____ percent of the total contract dollar amount that has been established for this procurement and, if specified in the solicitation, the following subgoals (complete for only those subgoals that apply):

____ percent African American

____ percent Asian American

____ percent Hispanic American

____ percent Woman-Owned

Therefore, I will not be seeking a waiver pursuant to COMAR21.11.03.11. By submitting a response to this solicitation, the bidder or offeror agrees that the percentage of the total dollar amount of the contract identified above will be self-performed by certified minority business enterprises with their own forces.

OR

- I conclude that I am unable to achieve the MBE participation goal and/or subgoals. I hereby request a waiver, in whole or in part, of the overall goal and/or subgoals. Within ten (10) business days of receiving notice that our firm is the apparent awardee, I will submit all required waiver documentation in accordance with COMAR 21.11.03.11.
2. I understand that if I am notified that I am the apparent awardee, I must submit the following additional documentation within ten (10) working days of receiving notice of the potential award or from the date of conditional award (per COMAR 21.11.03.10), whichever is earlier.
- (a) Outreach Efforts Compliance Statement (Form DPSCS OS 04 MBE)
 - (b) Subcontractor Project Participation Certification (Form DPSCS OS 03 MBE)

This document shall be completed fully and accurately and shall be included with the bid or offer. If the bidder or offeror fails to submit this document and the referenced forms with the bid or offer as required, the Procurement Officer shall deem the offeror / bidder non-responsive.

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- (c) Any other documentation, including waiver documentation, if applicable, required by the Procurement Officer to ascertain bidder or offeror responsibility in connection with the certified MBE participation goal.

I understand that if I fail to return each completed document within the required time, the Procurement Officer may determine that I am not responsible and therefore not eligible for contract award. If the contract has already been awarded, the award is voidable.

3. In the solicitation of subcontract quotations or offers, MBE subcontractors were provided not less than the same information and amount of time to respond as were non-MBE subcontractors.
4. Set forth below are the (i) certified MBEs I intend to use, (ii) the work, for which they are certified, that they will be performing with their own forces and (iii) the percentage of the total contract amount allocated to each MBE for this project.

Prime Contractor: (Firm Name, Address, Phone)	Contract Title:
Contract Number:	Total Contract Amount: \$ (<u>Include only for bids</u>)
1. Minority Firm Name:	
MBE Certification Number:	
Identify the Applicable Certification Category (For dually certified firms, check only one certification category) <input type="checkbox"/> African American Owned, <input type="checkbox"/> Asian American, <input type="checkbox"/> Hispanic American, <input type="checkbox"/> Woman-Owned, <input type="checkbox"/> Other	
Percentage of Total Contract Value to be performed by this MBE: _____%	
Specific Work to be Performed: (include NAICS code)	
Federal Employer Identification Number:	
2. Minority Firm Name:	
MBE Certification Number:	
Identify the Applicable Certification Category (For dually certified firms, check only one certification category) <input type="checkbox"/> African American Owned, <input type="checkbox"/> Asian American, <input type="checkbox"/> Hispanic American, <input type="checkbox"/> Woman-Owned, <input type="checkbox"/> Other	
Percentage of Total Contract Value to be performed by this MBE: _____%	
Specific Work to be Performed: (include NAICS code)	
Federal Employer Identification Number:	

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3. Minority Firm Name:	MBE Certification Number:
Identify the Applicable Certification Category (For dually certified firms, check only one certification category) <input type="checkbox"/> African American Owned, <input type="checkbox"/> Asian American, <input type="checkbox"/> Hispanic American, <input type="checkbox"/> Woman-Owned, <input type="checkbox"/> Other	
Percentage of Total Contract Value to be performed by this MBE: _____%	
Specific Work to be Performed: (include NAICS code)	
Federal Employer Identification Number:	
4. Minority Firm Name:	MBE Certification Number:
Identify the Applicable Certification Category (For dually certified firms, check only one certification category) <input type="checkbox"/> African American Owned, <input type="checkbox"/> Asian American, <input type="checkbox"/> Hispanic American, <input type="checkbox"/> Woman-Owned, <input type="checkbox"/> Other	
Percentage of Total Contract Value to be performed by this MBE: _____%	
Specific Work to be Performed: (include NAICS code)	
Federal Employer Identification Number:	
5. Minority Firm Name:	MBE Certification Number:
Identify the Applicable Certification Category (For dually certified firms, check only one certification category) <input type="checkbox"/> African American Owned, <input type="checkbox"/> Asian American, <input type="checkbox"/> Hispanic American, <input type="checkbox"/> Woman-Owned, <input type="checkbox"/> Other	
Percentage of Total Contract Value to be performed by this MBE: _____%	
Specific Work to be Performed: (include NAICS code)	
Federal Employer Identification Number:	
6. Minority Firm Name:	MBE Certification Number:
Identify the Applicable Certification Category (For dually certified firms, check only one certification category) <input type="checkbox"/> African American Owned, <input type="checkbox"/> Asian American, <input type="checkbox"/> Hispanic American, <input type="checkbox"/> Woman-Owned, <input type="checkbox"/> Other	
Percentage of Total Contract Value to be performed by this MBE: _____%	
Specific Work to be Performed: (include NAICS code)	
Federal Employer Identification Number:	

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7. Minority Firm Name:	MBE Certification Number:
Identify the Applicable Certification Category (For dually certified firms, check only one certification category) <input type="checkbox"/> African American Owned, <input type="checkbox"/> Asian American, <input type="checkbox"/> Hispanic American, <input type="checkbox"/> Woman-Owned, <input type="checkbox"/> Other	
Percentage of Total Contract Value to be performed by this MBE: _____%	
Specific Work to be Performed:	
Federal Employer Identification Number:	
8. Minority Firm Name:	MBE Certification Number:
Identify the Applicable Certification Category (For dually certified firms, check only one certification category) <input type="checkbox"/> African American Owned, <input type="checkbox"/> Asian American, <input type="checkbox"/> Hispanic American, <input type="checkbox"/> Woman-Owned, <input type="checkbox"/> Other	
Percentage of Total Contract Value to be performed by this MBE: _____%	
Specific Work to be Performed:	
Federal Employer Identification Number:	

Continue on a separate page, if needed.

MBE Participation Summary

Total *African-American* MBE Participation: _____ %
 Total *Asian American* MBE Participation: _____ %
 Total *Hispanic American* MBE Participation: _____ %
 Total *Woman-Owned* MBE Participation: _____ %
 Total *Other* Participation: _____ %
Total ALL MBE Participation: _____ %

I solemnly affirm under the penalties of perjury that the contents of this paper are true to the best of my knowledge, information, and belief.

Bidder/Offeror Name <i>(PLEASE PRINT OR TYPE)</i>	Signature of Affiant
	Title: _____
	Date: _____
	Email: _____

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(DPSCS Official Use Only)		(DPSCS Official Use Only)
SIGNATURE – DPSCS MBE OFFICE	DATE	APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO