SBDP Form A - SLBE PARTICIPATION COMMITMENT

Name of Offeror/Proposer: _________________________________________________

Address: ________________________________________________________________

Contracting Agency/Owner: ________________________________________________

Contract (Project) Title (See solicitation cover page):
____________________________________________________________

Contract (Project) Number (See solicitation cover page): _____________________

Bid Due Date (See at top of this page.): ____________________________________

Small Business Development Program (SBDP) Applied to this Solicitation:
G-2 Purchasing Small Business Development Program

PLEASE PROVIDE ONLY THE FOLLOWING REQUESTED FORMS. ANY UNSOLICITED INFORMATION WILL NOT BE CONSIDERED.

FORM A-F OF THE SLBE PARTICIPATION COMMITMENT FORMS ARE DUE WITH THE OFFER IN A SEPARATELY SEALED PACKAGE MARKED "SLBE PARTICIPATION"
FORMS G-H WILL BE SUBMITTED ONLY AFTER A CONTRACT IS AWARDED, IF AWARD IS GRANTED)

FOR MORE INFORMATION OR ASSISTANCE WITH THESE FORMS, CONTACT:

Small Business Development Program (SBDP)
9101 Tuscany Way
Austin, TX 78754
(512) 666-3438 ext. 103
PART A: INSTRUCTIONS

The requirements of Section D - F of the ACC Board Policy, G-2 Purchasing, Small Business Development Program, are a part of this contract and are incorporated by reference. THE FAILURE OF ANY OFFEROR, CONTRACTOR, OR SUBCONTRACTOR TO COMPLY WITH SMALL BUSINESS DEVELOPMENT REQUIREMENTS SHALL BE A BREACH OF CONTRACT.

1. VERIFYING CERTIFICATION

Offeror is responsible for verifying each SLBE to be used on this contract is eligible for certification by the SLBE Program Division at bid opening. The SLBE, Joint Venture, and Emerging SLBE firms named must be certified to provide the services they are listed to perform, and the services must be required as part of the work on this contract. If Offeror lists a firm as an SLBE that is denied certification or determined not to have been eligible for SLBE certification as of the executed contract date, Offeror will not be eligible to receive participation credit for those firms.

2. CONTRACT REQUIREMENTS

During the term of the contract, any unjustified failure to comply with the proposed SLBE participation requirements is a material breach of contract.

Before final payment may be made under the contract, the contractor must submit the Subcontractor Utilization Form with its final payment request. The Subcontractor Utilization Form (Form G) will include a list of the names of all subcontractors utilized on the contract, both SLBE and non-SLBE, and the total amount paid to each subcontractor, including the amounts for any change orders.

3. SUBSTITUTION OF SLBE

The SBD Program Office must approve substitution of an SLBE firm whose participation has been specified at bid opening. Any unjustified failure to comply with this requirement is a material breach of contract.

4. WAIVER REQUESTS

If an Offeror is unable to comply with a contract goal or the level of SLBE participation stated in its proposal or bid, the Offeror may submit a Participation Waiver Request (Form H) with stated justification to the SBD Program Office. The waiver request must be made on the SLBE Participation Waiver Request Form. No waiver will be granted unless the waiver request includes documentation that demonstrates a good faith effort to comply with the committed level of SLBE participation, and termination of the originally proposed SLBE firm is for cause.

5. SLBE PARTICIPATION STANDARDS

6a. Participation of SLBEs

A business enterprise that is certified as both an SLBE and an Emerging SLBE may not be counted toward both the SLBE and Emerging SLBE participation for the same project.
6b. Non-Affiliation

With the exception of certified Joint Ventures, the non-SLBE Offeror may not use an SLBE firm to satisfy a stated level of SLBE contract participation if:

1. the Offeror has a financial interest in the SLBE;
2. the Offeror has an interest in the ownership or control of the SLBE; or
3. the Offeror is significantly involved in the operation of the SLBE.

An Offeror that is certified as an SLBE, a Joint Venture, or an Emerging SLBE may count the dollar value of its own contract participation towards satisfaction of any Affirmative Procurement participation requirements that have been applied pursuant to the SBD Program.

6c. Commercially Useful Function

The Offeror may count toward the satisfaction of SLBE Program Affirmative Procurement participation only those expenditures with certified SLBE firms that perform a commercially useful function for a meaningful portion of the scope of work required under the terms of that prime contract. An SLBE performs a commercially useful function when it is responsible for execution of the work of the contract and is carrying out its responsibilities by actually performing, managing, and supervising the work involved. To perform a commercially useful function, the SLBE must also be responsible, with respect to materials and supplies used on the contract, for negotiating price, determining quantity and quality, ordering the material, and installing (where applicable) and paying for the material itself. To determine whether an SLBE is performing a commercially useful function, an evaluation must be performed of the amount of work subcontracted, normal industry practices, whether the amount the SLBE firm is to be paid under the contract is commensurate with the work it is actually performing, the SLBE credit claimed for its performance of the work, and other relevant factors. Specifically, an SLBE does not perform a commercially useful function if its role is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to obtain the appearance of meaningful and useful SLBE participation, when in similar transactions in which SLBE firms do not participate, there is no such role performed.

6d. Subcontracting by SLBE

An Offeror may not count toward its stated level of SLBE participation any agreement with a certified Joint Venture partner or SLBE subcontractor who intends to subcontract more than 10% of the dollar value of the services to be performed under its agreement with the Offeror to a non-SLBE firm. This restriction does not apply to an SLBE’s contracts for the purchase of materials, equipment, or supplies that are incidental to the performance of its services under its agreement with the Offeror.

6e. Joint Ventures

Certified Joint Ventures may count 100% of the dollar participation of the joint venture towards satisfaction of the stated level of SLBE participation for purposes of the Affirmative Procurement participation requirements applied to the contract. Offeror’s that are joint ventures between a certified SLBE firm and a non-SLBE firm may count towards the stated level of SLBE participation (for purposes of the Affirmative Procurement participation requirements applied to the contract) the dollar value of that portion of work that will be performed by certified Joint venture partners and certified SLBE subcontractors. The SLBE member of the joint venture must have an interest in the control, management, and operation of the joint venture commensurate with the member’s percentage of ownership. The SLBE that is a member of the joint venture must be responsible for a clearly defined portion of the work to be performed, equal to its share in the ownership, control, and management of the joint venture.
Austin Community College District
SBDP FORMS

BID SUBMISSION

1. FORM SBDP – A  SLBE Participation Commitment Form
2. FORM SBDP – B  SLBE Statement of Intent
3. FORM SBDP – C  SLBE Participation Affidavit
4. FORM SBDP – D  SLBE Contact Summary
5. FORM SBDP – E  Commercial Non-Discrimination Affidavit
6. FORM SBDP - F  SLBE Misrepresentation Affidavit

CONTRACT AWARD

7. FORM SBDP – G  SLBE Subcontractor Utilization Form (Summary & Detail)
8. FORM SBDP – H  SLBE Participation Waiver Request
9. FORM SBDP – I  SLBE Unavailability Form
**SBDP FORM B - SLBE STATEMENT OF INTENT**

COMPLETE A SEPARATE FORM FOR EACH SLBE, JOINT VENTURE, AND EMERGING SLBE NAMED IN THIS OFFER OR PROPOSAL

(Make additional copies of this form as needed.)

**PART A: INSTRUCTIONS MUST BE REVIEWED BEFORE COMPLETING FORM**

<table>
<thead>
<tr>
<th>Solicitation Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Solicitation Name:</strong></td>
</tr>
</tbody>
</table>

**Part 1. To be Completed by the Offeror/Proposer**

<table>
<thead>
<tr>
<th>Name of Contractor/Offeror:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax ID #:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Contact Name/Title:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

**Part 2. To be Completed by the SLBE**

<table>
<thead>
<tr>
<th>Name of SLBE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLBE Vendor/Tax ID #:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Contact Name/Title:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

**Scope of work to be performed:**

________________________________________________________________________

________________________________________________________________________

**SLBE Dollar Value of Contract Participation: $**

(If this is a requirements contract, the subcontract amount may be omitted; however, the subcontract percentage must be included.)

SLBE’s Percentage share of dollar value of total contract: %
The undersigned Contractor / Offeror and SLBE firm agree to enter into a contract for the work/service indicated above for the dollar amount ($) or percentage (%) indicated to meet the stated level of SLBE participation on this contract, subject to the Offeror’s execution of a contract with Austin Community College (ACC). The listed SLBE firm satisfies all eligibility standards for certification as an SLBE, Joint Venture, or an Emerging SLBE for purposes of performing the commercially useful scope of work described above.

____________________________________________________________        Date
Signature of Prime Contractor (REQUIRED)        Date

____________________________________________________________        Date
Signature of SLBE Firm Owner (REQUIRED)        Date

ANY CHANGES TO THE INFORMATION ON THIS FORM MUST BE INITIALED BY BOTH PARTIES.
SBDP FORM C - SLBE PARTICIPATION AFFIDAVIT

It is the policy of the Austin Community College District (“ACC” or “the District”) to include qualified Small and Locally-Owned Business Enterprises and Emerging Small Locally-Owned Business Enterprises (SLBEs and ESLBEs), to the greatest extent feasible, on District contracts. ACC and its contractors shall not discriminate on the basis of race, color, religion, national origin, or sex in the award and performance of contracts. In consideration of this policy, the District has established the Good Faith Efforts Instructions for all ACC contracts.

SLBE and ESLBE Participation Requirements:
On December 1, 2014, ACC Board of Trustees adopted, by Purchasing Policy (G-2), a Small Business Development Program (“SBDP”), which through race- and gender-neutral remedies, will provide guidance and oversight of the District’s efforts to include Small and Local Business Enterprises in the District’s contracting and procurement processes. The SBDP authorizes the SBDP Director and/or its designees to establish subcontracting/subconsulting/supplier requirements for all prospective bidders/proposers to ensure a reasonable degree of SLBE/ESLBE participation in ACC contracts.

The Undersigned authorized representative of Contractor does hereby make the following Affidavit: Contractor has read the Bid Solicitation / RFQ / RFP Information and Instructions regarding the SBDP Program. Contractor acknowledges the application of the selected Affirmative Procurement participation stated on the cover page of this SLBE Participation Commitment Form. Contractor has achieved the following SLBE participation for this contract:

SLBE - $______________ or ________% of total contract value for ______ # of subcontractors

Joint Venture - $______________ or ________% of total contract value; and

Emerging SLBE - $______________ or ________% of the total contract value, which is estimated to be $_______ for ______ # of subcontractors

My firm has made good faith efforts to be inclusive of all segments of Austin Community College District’s (ACC) business community and to achieve the aforementioned levels of SLBE participation on this contract in a non-discriminatory fashion. I understand that, if awarded the contract, my firm must submit to the SBDP Program Office copies of all executed joint venture or subcontractor agreements with the aforementioned SLBE firms being counted towards achievement of stated SLBE participation levels. I understand these documents must be submitted prior to the issuance of a notice to proceed.

I understand that, if awarded the contract, my firm must submit to the SBDP Program Office canceled checks and any other documentation and reports required by the Director of that Office on a quarterly basis, verifying payments to the SLBE and Emerging SLBE firms utilized on the contract. Failure to comply with this provision is a material breach of the contract.
I understand that, if I am awarded this contract and I find that I am unable to utilize the SLBE or Emerging SLBE firms identified in my Statements of Intent, I must either substitute other certified SLBE or Emerging SLBE firms to meet the committed level of SLBE participation, or I must seek a waiver as stated in the instructions to these forms. I understand that I may not make a substitution until I have obtained the written approval of the SBD Program Office.

I understand that, if awarded this contract, authorized representatives of ACC may examine, from time to time, the books, records and files of my firm to the extent that such material is relevant to a determination of whether my firm is complying with the SLBE participation requirements of this contract.

I do solemnly declare and affirm under the penalty of perjury that the contents of the foregoing Affidavit are true and correct to the best of my knowledge, information and belief.

__________________________________________
Contractor Company Name

__________________________________________
Signature

____________________________
Address

____________________________
Print Name and Title

Sworn and subscribed before me this ___ day of ____________, in the year ________.

_____________________________________
Notary Public
**Offeror/Proposer Name:**

Offeror or proposer shall record their contacts with all Subcontractors or suppliers. Additional forms may be copied if needed. Indicate Page Number and initial. (Please provide ALL companies contacted even if companies were not selected to participate.)

<table>
<thead>
<tr>
<th>Name of SLBE/ESLBE Subcontractor/ Subconsultant or Supplier</th>
<th>Contact Name and Phone Number</th>
<th>Address</th>
<th>Commercially Useful Function (CUF)</th>
<th>Date of Call/Receiving Call</th>
<th>Type of Work AND Business (List all)</th>
<th>Date Solicitation Letter/Fax/Email Sent</th>
<th>Results of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC Construction</td>
<td>Jane Doe (512) 123-4567</td>
<td>123 Main, Austin 78701</td>
<td>Painting/Drywall</td>
<td>5/1/2015</td>
<td>C - SLBE</td>
<td>5/10/2015 FAX</td>
<td>ABC included as subcontractor</td>
</tr>
</tbody>
</table>

**Type of Work:** (A) Architectural & Engineering, (C) Construction, (G) Goods & Services, (P) Professional Services

**Type of Businesses:** (SLBE) Small Local Business Enterprise, (ESLBE) Emerging Small Local Business Enterprise

**Authorized Signature:** ____________________________________________  **Date:** ________________

**Typed Name & Title:** ____________________________________________  **Telephone Phone No.:** _______________________

Page _____ of ____ : Initial Additional Page: __________________________
SBDP FORM E - COMMERCIAL NON-DISCRIMINATION AFFIDAVIT

The undersigned Offeror hereby certifies and agrees that the following information is correct: In preparing its response on this project, the Offeror has considered all proposals submitted from qualified, potential Subcontractors and suppliers, and has not engaged in “discrimination” as defined in the District’s Board Policy G-2 Purchasing, Section F - Responsible Contracting Practices; to wit: In the expenditure of College funds, neither the College nor its contractors and suppliers shall discriminate in the solicitation, selection, or treatment of contractors, subcontractors, vendors, or suppliers on the basis of sex, race, color, creed, religion, national origin, age, or sexual orientation, or on the basis of disabilities that do not significantly affect the quality of work. Without limiting the foregoing, “discrimination” also includes retaliating against any person or other entity for reporting any incident of “discrimination.” Without limiting any other provision of the solicitation for responses on this project, it is understood and agreed that, if this certification is false, such false certification will constitute grounds for the District to reject the response submitted by the Offeror on this project, and termination of any Contract awarded based on the response. As a condition of submitting a response to the ACC, the Offeror agrees to comply with the District’s Contracting Practices Nondiscrimination Policy as described under its Board Policy G-2 Purchasing, Section F, and further agrees to cooperate fully with the District in its inquiries relating to compliance with this policy.

Name: ________________________________
Title/Company: ________________________

Sworn to before me
This ______ day of ______, 2015

______________________________
Notary Public for Texas
My Commission Expires: ________________
SBDP FORM F - SLBE MISREPRESENTATION AFFIDAVIT

Printed Name of Eligible Business Applicant: ____________________________

ACC System Vendor / Tax ID: ____________________________

SMALL BUSINESS OWNER
I certify, as evidenced by my signature below, I have provided all supporting documentation to (name of CPA ____________________________) a Certified Public Accountant (“CPA”), in order that this CPA may verify my Small Business Enterprise size eligibility. I further certify all information and statements I have provided to the CPA are true and correct. I understand all documents I have provided to the CPA may be subject to review by representatives of the Austin Community College District (ACC). If a request is made by the ACC to review such documents, I understand these documents must be provided for review within seven (7) business days. I further understand if, upon investigation, it is determined incorrect information was knowingly or willfully provided or that false representations were otherwise made in connection with this application, small local business certification shall be revoked or denied and the matter shall be evaluated for possible sanctions under the law. I hereby authorize the ACC to permit the Director to obtain from third persons (e.g., utility companies, business references, and lessors/lessees) information relevant to my eligibility for small local business certification. I hereby affirm the information in this affidavit is true and correct.

__________________________
Signature of Eligible Applicant

Subscribed and sworn to before me, the undersigned notary public, on this day ____________________________

__________________________
Notary Public’s Signature / Seal

CERTIFIED PUBLIC ACCOUNTANT
I certify as evidenced by my signature below I am a Certified Public Accountant in good standing with the local State Board of Public Accountancy, I have reviewed the business tax returns provided by the applicant, and I have verified the small business size standard of (name of firm) ____________________________’s average gross receipts over the past three years have not exceeded $9.125 million, 25% of the U.S. Small Business Administration’s NAICS Construction of Buildings industry size standards and the threshold for the ACC’s (SLBE).

According to the documents provided, the annual gross receipts of the applicant firm and its affiliates are as follows:

Year _______ $__________ NAICS Code ____________
Year _______ $__________ NAICS Code ____________
Year _______ $__________ NAICS Code ____________

Total $__________ Three-year average$__________

__________________________
CPA Name

__________________________
CPA Signature
By signing below I am attesting that I am providing this as part of this Application for conditional certification, and acknowledge that any false or misleading representations made by the Applicant will result in the denial of the application and may result in further criminal actions taken against the applicant.

I have read and acknowledge the foregoing

________________________________________

Signature of Owner (s) /Applicant (s)

VERIFICATION

STATE OF )

COUNTY OF )

(A)

________________________________________

being duly sworn, states he or she is the owner of (or partner in) the enterprise making the foregoing Application and that the statements and representations made in the Application are true to his or her own knowledge.

(B)

________________________________________

, being duly sworn, states that he or she is the Name of Corporate Officer

________________________________________

Title of Corporate Office

of

________________________________________

Name of Corporation

the enterprise making the foregoing application, that he or she has read the Application and knows its contents, that the statements and representations made in the Application are true to his or her knowledge, and that the Application is made at the direction of the Board of Directors of the Corporation.

________________________________________

Signature

Date

Sworn to before me this ________________ day of ________________, 20________

________________________________________

Notary Public

Person assisting in completing the Application: ______________________________________________________________________

Print Name

________________________________________

Telephone number

Signature

________________________________________

Organization
SBDD FORM G - SLBE SUBCONTRACTOR UTILIZATION FORM

THIS FORM MUST BE INCLUDED WITH REQUEST FOR FINAL PAYMENT

Name of Offeror/Proposer: ________________________________

Address: _____________________________________________

Austin Community College (ACC) Vendor/Tax ID #: ______________

Contracting Agency: ______________________________________

Contract (Project) Number and Title (See cover page for these forms):

_______________________________________________________

Bid Due Date (See cover page for these forms): ______________

Total Contract Dollar Amount: $ __________________

SBDP Form G
Offerors/Proposers seeking SLBE participation credit are required to complete this form and submit it with their offer/proposal.

### Solicitation Information

<table>
<thead>
<tr>
<th>Solicitation Name</th>
<th>Solicitation #</th>
</tr>
</thead>
</table>

### Part 1. Prime Offeror/Proposer SLBE/ESLBE Status

**Name of Offeror/Proposer:**

**Respond to the following questions:**

<table>
<thead>
<tr>
<th>1. Is the Prime Contractor a Registered SLBE/ESLBE?</th>
<th>Check One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If Yes, identify the Offeror/Proposer’s SLBE/ESLBE Vendor/Tax ID #:

| 2. If the response to Question 1 is No, is the Offeror/Proposer claiming SLBE or ESLBE participation credit based upon the use of certified SLBE(s)/ELSBE(s) to provide services or items associated with the Offeror's/Proposer’s Offer/Proposal? |
|---------------------------------------------------|----------|
| Yes                                               | No       |

**NOTE:** If the response to Question 2 is **Yes**, complete Part 2 below and the “SLBE/ESLBE Subcontractors Participation Schedule” form in Part 4.

### Part 2. SLBE Subcontractor Participation

Provide the total value of SLBE/ESLBE work to be provided and complete the “SLBE/ESLBE Subcontractors Participation Schedule” form in Part 4 identifying the individual SLBE(s)/ESLBE(s) and the amount of their intended involvement.

<table>
<thead>
<tr>
<th>Total Offer/Proposal Price:</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total SLBE Work – Offer/Proposal Value:</td>
<td>$</td>
</tr>
<tr>
<td>Percentage of Total Work (Dollar Value) of SLBE(s)/ESLBE(s):</td>
<td>%</td>
</tr>
</tbody>
</table>

### Part 3. Certification of SLBE Preferences

By signing below, the OFFEROR/PROPOSER certifies that it has compiled with Small Business Development Program (“SBDP”) requirements and during the course of the project will maintain all terms and conditions set forth in the SLBE/ESLBE forms, including the SLBE/ESLBE participation schedule and Letters of SLBE Intent. Additionally, the OFFEROR/PROPOSER will notify the SBDP Director within 72 hours via written notice if a subcontractor on the SLBE/ESLBE participation schedule is unable to perform work set forth in the schedule; and within 7 consecutive days of making the determination, make a written request to amend the SLBE/ESLBE participation schedule. The District shall be granted access to inspect any relevant matter related to SBDP compliance, including records and the jobsite and to interview subcontractors and workers. The OFFEROR/PROPOSER is aware that noncompliance, as determined by the District, may result in the OFFEROR/PROPOSER to take corrective actions and/or result in sanctions as set forth in the contract.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

SBDP Form G (1)
**SBPD FORM G - SLBE UTILIZATION FORM SUMMARY**

**Solicitation Name**

**Solicitation #:**

**Part 4. SLBE Subcontractors Participation Schedule**

**Instructions:** Identify each registered SLBE subcontractor below, including SLBE registration numbers, Federal Employer Identification Numbers (FEINs), company names and addresses, the nature of the services or supplies being furnished, value of work to be performed by the SLBE, and the percentage of the overall project amount and complete the “Statement of SLBE Intent” with each SLBE subcontractor/joint-venture partner included in the schedule below.

<table>
<thead>
<tr>
<th>SLBE Vendor #</th>
<th>FEIN or Social Security #</th>
<th>Company Name Address Phone &amp; Fax</th>
<th>Services to be Provided</th>
<th>Value ($) of SLBE Work From Letter of Intent</th>
<th>SLBE % of Contract</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

If additional space is needed, please submit information on a separate sheet and attach hereto. For each registered SLBE subcontractor identified, complete a “Statement of SLBE Intent” form provided below.
# SBPD FORM G - SLBE UTILIZATION FORM DETAIL

## Section 1 – SUB CONTRACTOR

<table>
<thead>
<tr>
<th>Name of</th>
<th>Business Tax ID</th>
<th>Contact Person</th>
<th>Email Address</th>
<th>If amount paid to date is less than subcontract $ amount, explain why.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Work to be Performed or Materials Supplied</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLBE/Y/N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicate if SLBE/ESLBE</th>
<th>Indicate if Non-SLBE/ESLBE</th>
<th>Dollar amount of Subcontract</th>
<th>Dollar amount Paid to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLBE</td>
<td>ESLB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-SLBE/ESLBE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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*SBDP Form G (3)*
### Section 3 – SUPPLIERS – MANUFACTURER

Counts for 100% toward small business goal when purchased from small business manufacturer (see Instructions to Offerers/Proposers).

<table>
<thead>
<tr>
<th>Type of Work to be Performed or Materials Supplied</th>
<th>Indicate if SLBE/ESLBE Y/N</th>
<th>Indicate if Non-SLBE/ESLBE Y/N</th>
<th>Dollar amount of Subcontract</th>
<th>Dollar amount Paid to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLBE</td>
<td>ESL</td>
<td>Non-SLBE/ESLBE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLBE</td>
<td>ESL</td>
<td>Non-SLBE/ESLBE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Business: 
Tax ID: 
Contact Person: 
Email Address: 
If amount paid to date is less than subcontract $ amount, explain why.

Name of Business: 
Tax ID: 
Contact Person: 
Email Address: 
If amount paid to date is less than subcontract $ amount, explain why.
**SBPD FORM G - SLBE UTILIZATION FORM DETAIL**

### Section 4 – SUPPLIERS – DEALERS
Counts for 100% toward small business goal when purchased from small business regular dealer (see Instructions to Offerers/Proposers).

<table>
<thead>
<tr>
<th>Name of</th>
<th>Business Tax ID</th>
<th>Contact Person</th>
<th>Email Address</th>
<th>If amount paid to date is less than subcontract $ amount, explain why.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type of Work to be Performed or Materials Supplied</th>
<th>Indicate if SLBE/ESLBE Y/N</th>
<th>Indicate if Non-SLBE/ESLBE Y/N</th>
<th>Dollar amount of Subcontract</th>
<th>Dollar amount Paid to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SLBE</td>
<td>ESLBE</td>
<td>Non-SLBE/ESLBE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL AMOUNT OF SUBCONTRACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIME: $____________________</td>
</tr>
<tr>
<td>SUBCONTRACTOR(S): $_________</td>
</tr>
<tr>
<td>SUPPLIER(S)/ MANUFACTURER(S) : $_________</td>
</tr>
<tr>
<td>SUPPLIERS(S)/ DEALERS : $_________</td>
</tr>
<tr>
<td>TOTAL AMOUNT: $______________</td>
</tr>
</tbody>
</table>

Prime Contractor’s Name
Prime Contractor’s Title
Prime Contractor’s Signature
Date
SBDP FORM H - SLBE PARTICIPATION WAIVER REQUEST FORM

Name of Offeror/Proposer: _____________________________________________

Business Address: ____________________________________________________

Austin Community College (ACC) Vendor/Tax ID #: ________________________

Contracting Agency/Owner: _____________________________________________

Contract (Project) Number and Title (See cover page for these forms): ______

Bid Due Date (See cover page for these forms):

We committed to achieving % ______ SLBE participation at $ ____________

We request a waiver of: % ______ SLBE participation at $ ____________

Stated reasons for waiver request: ______________________________________

____________________________________________________________________

I have contacted SLBE Program Office for assistance? Yes ______ No ______

Attach documentation of your good faith efforts to secure, contract and negotiate with SLBE firms, including:

(1) The reasons your company is unable to secure sufficient SLBE participation to satisfy your committed level of participation;

(2) The efforts made by your company to select portions of the contract to be performed by SLBEs;

(3) For each SLBE that placed a bid that you consider to be unacceptable, provide a statement that explains the basis for that conclusion.

____________________________________________________________________

Printed Name of Authorized Company Representative  Title

____________________________________________________________________

Signature of Authorized Company Representative          Date

SBDP Form H
I, __________________________________________ (Title) ________________________________________

Of __________________________________________ (Company), certify that on (Date) _____ , 20___,

I contacted the following SLBE or ESLBE to obtain a bid for work items to be performed on
Solicitation/Contract No.: ______________________________________________________________

SLBE/ESLBE (Insert Name): __________________________________________________________

Services Sought (Describe): __________________________________________________________

Form of Bid Sought (i.e., Unit Price, Materials and Labor, Labor Only, etc.):

________________________________________________________________________________

CERTIFICATION: To the best of my knowledge and belief, the said SLBE/ESLBE was unavailable (exclusive of
unavailability due to lack of agreement on price) for the service(s) sought on this Contract, or unable to prepare an
offer, for the following reason(s) provided by the SLBE/ESLBE. I certify that the above statement is a true and
accurate account of why the stated SLBE/ESLBE named on this certificate did not submit a bid as a
subcontractor/subconsultant on this solicitation/contract.

Authorized Signature (Contractor): ______________________________________________________

Typed Name & Title: __________________________________________ Date: ________________ , 20________

____________________________________ was offered an opportunity to bid as a subcontractor/subconsultant on the above

(Name of SLBE/ESLBE)

Solicitation/Contract No. on _________, 20______ by __________________________________________

(Source)

(Seal)