

TCCD M/WBE/HUB SPECIFICATIONS FORM

If the total dollar value of the contract is \$50,000.00 or more, the M/WBE/HUB goals are applicable. If the total dollar value of the contract is less than \$50,000.00, the M/WBE/HUB goals are not applicable.

SPECIAL INSTRUCTIONS FOR BIDDERS

APPLICATION OF POLICY

POLICY STATEMENT

It is the policy of the TCCD to ensure the full and equitable participation by M/WBE/HUB firms in the procurement of all goods and services to TCCD on a contractual basis. The objective of the Policy is to increase the use of M/WBE/HUB firms to a level comparable to the availability of qualified M/WBE/HUB firms, which provide goods and services directly or indirectly to TCCD.

M/WBE PROJECT

TCCD M/WBE/HUB minimum goal on this project is ___% (will be determined on the basis of availability and capacity during specific bidding periods) of the base bid value of the contract.

COMPLIANCE TO BID SPECIFICATIONS

For TCCD contracts of \$50,000.00 or more, bidders are required to comply with the intent of the TCCD's M/WBE/HUB Program by either of the following:

1. Meet or exceed the above stated minimum M/WBE/HUB ___% (as determined by TCCD); or
2. Good Faith Effort documentation.

SUBMITTAL OF REQUIRED DOCUMENTATION

The applicable documents must be received by the Managing Department, within the following times allocated, in order for the entire bid to be considered responsive to the specifications.

1. M/WBE/HUB Affidavit Statement: received with the bid documents on bid opening date.
2. M/WBE/HUB Utilization Form: received with the bid documents on bid opening date.
3. Good Faith Effort Form: received with the bid documents on bid opening date.

FAILURE TO COMPLY WITH TCCD M/WBE PROGRAM, WILL RESULT IN THE BID BEING CONSIDERED NONRESPONSIVE TO SPECIFICATIONS.

TCCD M/WBE SPECIFICATIONS FORM

AFFIDAVIT STATEMENT

Project Name: _____

Project No.: _____ TCCD _____ % : _____

FAILURE TO SUBMIT THIS COMPLETED AFFIDAVIT STATEMENT WITH THE BID AT TIME OF BID OPENING WILL RESULT IN THIS BID BEING CONSIDERED NON- RESPONSIVE TO SPECIFICATIONS.

The undersigned bidder hereby certifies that they will comply with TCCD’s M/WBE/HUB Program and the specifications of this bid in the following manner:

[Check all applicable categories]

1. ___ THE M/WBE/HUB PARTICIPATION WILL MEET OR EXCEED THE STATED _____ %, WILL COMPLETE THE M/WBE UTILIZATION FORM.
2. ___ THE M/WBE/HUB PARTICIPATION WILL BE LESS THAN THE STATED _____ %, WILL COMPLETE THE UTILIZATION FORM AND GOOD FAITH EFFORT FORM.
3. ___ NO M/WBE/HUB PARTICIPATION, WILL COMPLETE GOOD FAITH EFFORT FORM.

Authorized Signature

Printed Signature

Title

Contact Name and Title (if different)

Company Name

Contact Telephone Number(s)

Address

Fax Number

City/State/Zip Code

Date

TCCD M/WBE/HUB SPECIFICATIONS FORM

M/WBE/HUB UTILIZATION

PRIME COMPANY NAME

BID DATE

PROJECT NAME

PROJECT NUMBER

TCCD'S M/WBE/HUB PROJECT: ___%

M/WBE/HUB PERCENTAGE ACHIEVED:

The undersigned bidder agrees to enter into a formal agreement with the M/WBE/HUB firms for work listed in this schedule, conditioned upon execution of a contract with TCCD. The willful misrepresentation of facts is grounds for consideration of disqualification and will result in the bid being considered nonresponsive to specifications.

Company Name, Contact Name, Address, Telephone No.	M/WBE/HUB	Cert. (*) Agency	Scope Of Work	Specify Tier (**)	Dollar Amount

(*) Acceptable certifying agencies please specify: (NCTRCA) North Central Texas Regional Certification Agency

(**) Only first and second tier acceptable

THIS FORM MUST BE RECEIVED WITH THE BID DOCUMENTS ON BID OPENING DATE.

TCCD M/WBE/HUB SPECIFICATIONS FORM

M/WBE/HUB UTILIZATION

Company Name, Contact Name, Address, Telephone No.	M/WBE/ HUB	Cert. (*) Agency	Scope of Work	Specify Tier (**)	Dollar Amount

The bidder further agrees to provide, directly to TCCD upon request, complete and accurate information regarding actual work performed by all Subcontractors, including M/WBE/HUB arrangements submitted with this bid. The bidder also agrees to allow an audit and/or examination of any books, records, and files held by their company that will substantiate the actual work performed by the M/WBE/HUB on this contract, by an authorized officer or employee of TCCD. Any willful misrepresentation will be grounds for terminating the contract or debarment from TCCD work for a period of not less than three (3) years and for initiating action under federal, state or local laws concerning false statements.

All M/WBE/HUB firms MUST BE CERTIFIED BEFORE CONTRACT AWARD.

Authorized Signature

Company Name

Title

Date