

FORMS CHECKLIST

Solicitation/Contract No.: _____

Contract/Project Title: _____

Guidelines

1. Bidders and proposers are prohibited from requiring prospective subcontractor(s) or supplier(s) pre-signed with ink or a pre-signed photocopy of blank Certification Forms.
2. Bidders and proposers are prohibited from maintaining on file pre-signed by prospective subcontractor(s) or supplier(s) blank Certification Forms.
3. All forms must include two (2) authorized signatures.
 - a. Use the applicable mandatory form and complete and submit at the time of bid a signed Certification Form for the applicable contract.
 - b. Complete and submit at the time of bid a signed Non-Discrimination Declaration and Good Faith Efforts Affidavit.
 - c. If requesting a waiver, complete and submit with applicable documentation at the time of bid a signed Unavailability Form.
 - d. If requesting a waiver, complete and submit with applicable documentation at the time of bid a signed Subcontractors and Suppliers Summary Contact Form.

Checklist

- ☐ Non-Discrimination Declaration – Required with all proposals
- ☐ Good Faith Efforts Affidavit – Required with all proposals
- ☐ Subcontracting and Supplier Certification Form
- ☐ MBE/SLBE Unavailability – Required if submitting a waiver request
- ☐ All Subcontractor and Supplier Summary Contact – Optional submission

CERTIFICATION FORMS

The following Certification forms are attached:

1. Good Faith Efforts Affidavit
2. WSSC Water Non-Discrimination Declaration
3. MBE/SLBE Unavailability Form
4. All Subcontractors and Suppliers Summary Contact Form

WASHINGTON SUBURBAN SANITARY COMMISSION
GOOD FAITH EFFORTS AFFIDAVIT

It is the policy of the Washington Suburban Sanitary Commission (WSSC, WSSC Water, Commission) to involve qualified Minority/Women-Owned Business Enterprises (MBE/WBE) and Small Local Business Enterprises (SLBE) on WSSC Water contracts. WSSC Water and its prime 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, WSSC Water has established the Good Faith Efforts (GFE) Guide for all WSSC Water contracts.

MBE/SLBE/SLBE-SDV Participation Goals

WSSC Water has approved by Resolution, race- and gender-conscious remedies through its minority business enterprise program codified in MBE Program Regulation, WSSC Code of Regulations, Chapter 6.30, and a small local business enterprise program codified in SLBE Program Regulation, WSSC Code of Regulations, Chapter 6.35. Both regulations authorize the Office of Supplier Diversity & Inclusion (OSDI) Director to establish subcontracting goals in WSSC Water contracts.

Complete the following information:

Solicitation/Contract Number: _____ **Total MBE/SLBE Subcontracting: _____%**

The apparent low bidder/proposer shall agree to meet the established subcontracting goal or must demonstrate and document its GFE to include MBEs/WBEs or SLBEs in subcontracting or purchase of material supplies opportunities when requesting a full or partial waiver. The apparent low bidder/proposer who fails to adequately document GFE, when requesting a waiver, to subcontract or purchase significant material supplies from MBEs/WBEs or SLBEs may be denied award of the contract by WSSC Water based on the prime contractor's failure to be a responsive or responsible bidder/proposer.

Certification: By signing below, I agree that I understand the GFE Criteria, Evaluation Point System and all information pertaining to the submission of GFE documentation, and I agree to provide WSSC Water's Office of Supplier Diversity & Inclusion with a completed copy of all required forms provided within the GFE Guide when requesting a full or partial waiver at the time of bid or at any point throughout the life of the contract. I understand that, if applicable, if I fail to provide all the required documents at the time of submission of my bid packet or proposal package, my bid may be deemed non-responsive or non-responsible and I may be denied award of the contract.

Signature of Authorized Officer

Title

Printed Name of Authorized Officer

Date

Firm Name

Solicitation Number/Contract Title

WASHINGTON SUBURBAN SANITARY COMMISSION
SUBCONTRACTING AND SUPPLIER CERTIFICATION FORM

The undersigned certify that they shall enter into an Agreement to provide services to the Washington Suburban Sanitary Commission. In addition, by their signatures below, the undersigned hereby agree that they shall permit the Washington Suburban Sanitary Commission to conduct audits of the undersigned in accordance with Chapter 6.15.450 of WSSC's Procurement Regulations.

Solicitation/Contract Number: _____ Project Name: _____

Contract Value: \$_____ Federally Funded Contract: Yes ☐ No ☐

1. Please check the appropriate business classifications for the **Prime Contractor/Consultant** (check all that apply):

☐ Certified Minority Business Enterprise Firm ☐ WSSC Water Approved Small Local Business Enterprise Firm ☐ African American ☐ Hispanic American ☐ Asian American ☐ Native American
☐ Female/Women-Owned/WBE ☐ Majority, Non-Designated

2. Please check the appropriate business classifications for the **Subcontractor/Supplier** (check all that apply):

☐ Certified Minority Business Enterprise Firm ☐ WSSC Water Approved Small Local Business Enterprise Firm ☐ African American ☐ Hispanic American ☐ Asian American ☐ Native American
☐ Female/Women-Owned/WBE ☐ Majority, Non-Designated

MBE Certifying Agency Name: _____ Certification No. _____

Name and Address of **Prime Contractor/Consultant**

Name and Address of **MAJORITY/MBE/SLBE Subcontractor/Supplier:**

Telephone Number: _____

Telephone Number: _____

Email: _____

Email: _____

Value of Subcontracted or Supplier Services/Commodities: \$_____ Percentage of Contract Value: _____%

CERTIFICATION: We certify that we shall enter into a valid Agreement to perform the work as described for the percentage of the Total Price above.

Prime Contractor/Consultant (Authorized Signature)

Subcontractor (Authorized Signature)

Title & Date of Person Signing

Title & Date of Person Signing

Witness/Attest

Witness/Attest

Signature/Title of Person

Signature/Title of Person

Date

Date

WASHINGTON SUBURBAN SANITARY COMMISSION
SUBCONTRACTING AND SUPPLIER CERTIFICATION FORM

The undersigned certify that they shall enter into an Agreement to provide services to the Washington Suburban Sanitary Commission. **In addition, by their signatures below, the undersigned hereby agree that they shall permit the Washington Suburban Sanitary Commission to conduct audits of the undersigned in accordance with § 4-602 of WSSC's Procurement Regulations.**

Solicitation/Contract Number: _____ Project Name: _____

Prime Contractor/Consultant.: _____

Subcontractor/Supplier: _____

Detailed Description and Plan of Subcontracted or Supplier, Services or Commodities:

Include Primary NAICS Code for Services (Maximum 2)

WASHINGTON SUBURBAN SANITARY COMMISSION
NON-DISCRIMINATION DECLARATION

The undersigned understands that it is the policy of WSSC Water to promote full and equal business opportunities for all businesses seeking or conducting business with WSSC Water. The undersigned declares that we have not discriminated on the basis of a firm's revenue or employee size with regard to prime contracting, subcontracting or partnering opportunities. The undersigned further declares that we have completed truthfully and fully the required Subcontracting certificates included in this document as applicable. Set forth below is the signature of the officer of the bidding entity with the authority to bind the entity.

Printed Name of Authorized Officer

Signature of Authorized Officer

Firm Name

Solicitation Number and Project Title

Signed and sealed on this _____ day of _____, 20 _____, before me
appeared _____, the authorized person for the bidding entity who signed above declaration in my
presence.

Notary Signature

Date

(SEAL)

WASHINGTON SUBURBAN SANITARY COMMISSION

MBE/SLBE UNAVAILABILITY FORM

I, _____, _____
(Print Name) (Title)
of _____, certify that on _____, 20 ____
(Firm Name) (Date)

I contacted the following MBE or SLBE to obtain a bid for work items to be performed on

Solicitation/Contract Number: _____

Project/Contract Name: _____

Company Name (Print): _____

Services Sought (Describe): _____

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

CERTIFICATION: (To Be Completed by the Prime) To the best of my knowledge and belief, the said MBE/SLBE was unavailable (exclusive of unavailability due to lack of agreement on price) for the service(s) sought on this contract, or unable to prepare a bid, for the following reason(s) provided by the MBE/SLBE:

Authorized Signature (Contractor): _____

Print Name & Title: _____ Date: _____, 20____

_____ was offered an opportunity to bid as a Subcontractor on the above
(Name of MBE/SLBE)

Solicitation/Contract Number on _____, 20 ____ by _____
(Source)

(Seal)

CERTIFICATION: (To Be Completed by the Subcontractor) I certify that the above statement is a true and accurate account of why the stated MBE/SLBE named on this certificate did not submit a bid as a subcontractor on this Solicitation/Contract.

Authorized Signature (MBE/SLBE): _____

Print Name & Title: _____ Date: _____, 20____

(Seal)

WASHINGTON SUBURBAN SANITARY COMMISSION
ALL SUBCONTRACTORS AND SUPPLIERS CONTACT SUMMARY FORM

Note: Must be submitted with a Request for Waiver, otherwise may be submitted as an optional document for information purposes only.

Bidder or Proposer Name: _____

Bidder or Proposer shall record their contacts with all subcontractors or suppliers. Additional forms may be copied if needed. Indicate Page number and initial.

Name of MBE/SLBE Subcontractor/ Supplier	Contact Name Address Phone No.	Type of Work	Good Faith Effort Division of Work	Phone Contact		Type of Classification and Business	Date Solicitation Letter/Fax Sent	Results of Contact
				Date of Call	Person Receiving Call			

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

Type of Classification: (AA) African American, (HA) Hispanic American, (SA) Asian American, (NA) Native American, (F/WBE) Female/Women-Owned Business Enterprise

Type of Businesses: (MBE) Minority Business Enterprise, (SLBE) Small Local Business Enterprise, (WBE) Women Business Enterprise

Authorized Signature: _____

Date: _____

Typed Name & Title: _____

Telephone Number: _____

Page: ____ of ____ _____

Initial Additional Page: _____