

**COMMUNITY SUBCONTRACTOR UTILIZATION CERTIFICATE**

The undersigned, having read the Bid Documents and the requirements regarding the naming of subcontractors and the use of DAS-Certified Small (SBE) and Minority Business Enterprises (including Minority owned Business Enterprises (MBE), Women owned Business Enterprises (WBE), and/or Disabled owned Business Enterprises (DisBE)), and the use of businesses having a place of business within the City of New Haven, hereby provides the following assurance of compliance. As of the date of the bid opening, the Bidder shall achieve this requirement as follows (attach additional sheets if necessary):

SUBCONTRACTOR* / SUPPLIER**	ENTERPRISE CATEGORY	NATURE OF WORK	DOLLAR AMOUNT
Name:	<input type="checkbox"/> DAS-certified SBE (non-MBE/WBE/DisBE)		
	<input type="checkbox"/> DAS-certified MBE		
Address:	<input type="checkbox"/> DAS-certified WBE		
	<input type="checkbox"/> DAS-certified DisBE		
Contact Person:	<input type="checkbox"/> All other subcontractors		
Phone # / Email address:			
<hr/>			
Name:	<input type="checkbox"/> DAS-certified SBE (non-MBE/WBE/DisBE)		
	<input type="checkbox"/> DAS-certified MBE		
Address:	<input type="checkbox"/> DAS-certified WBE		
	<input type="checkbox"/> DAS-certified DisBE		
Contact Person:	<input type="checkbox"/> All other subcontractors		
Phone # / Email address:			
<hr/>			
Name:	<input type="checkbox"/> DAS-certified SBE (non-MBE/WBE/DisBE)		
	<input type="checkbox"/> DAS-certified MBE		
Address:	<input type="checkbox"/> DAS-certified WBE		
	<input type="checkbox"/> DAS-certified DisBE		
Contact Person:	<input type="checkbox"/> All other subcontractors		
Phone # / Email address:			
<hr/>			
Name:	<input type="checkbox"/> DAS-certified SBE (non-MBE/WBE/DisBE)		
	<input type="checkbox"/> DAS-certified MBE		
Address:	<input type="checkbox"/> DAS-certified WBE		
	<input type="checkbox"/> DAS-certified DisBE		
Contact Person:	<input type="checkbox"/> All other subcontractors		
Phone # / Email address:			
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Name:	<input type="checkbox"/> DAS-certified SBE (non-MBE/WBE/DisBE)		
	<input type="checkbox"/> DAS-certified MBE		
Address:	<input type="checkbox"/> DAS-certified WBE		
	<input type="checkbox"/> DAS-certified DisBE		
Contact Person:	<input type="checkbox"/> All other subcontractors		
Phone # / Email address:			

\*Note: This form is for listing Subcontractors and Suppliers of Materials. In the event the Prime Contractor/General Contractor is a SBE, MBE, WBE or DisBE, its status as such does NOT contribute to the SBE, MBE, WBE and DisBE subcontractor requirements.

\*\* For Suppliers of Materials, list only those Suppliers for which the Bidder will use in order to satisfy the requirement for use of Small and Minority Business Enterprises. Label in the Nature of Work section as supplier of the specific material to be supplied.

Name of Bidder

CONTINUED:

SUBCONTRACTOR / SUPPLIER*	ENTERPRISE CATEGORY	NATURE OF WORK	DOLLAR AMOUNT
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Name:	<input type="checkbox"/> DAS-certified SBE (non-MBE/WBE/DisBE)
	<input type="checkbox"/> DAS-certified MBE
Address:	<input type="checkbox"/> DAS-certified WBE
	<input type="checkbox"/> DAS-certified DisBE
Contact Person:	<input type="checkbox"/> All other subcontractors
Phone # / Email address:	

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Name:	<input type="checkbox"/> DAS-certified SBE (non-MBE/WBE/DisBE)
	<input type="checkbox"/> DAS-certified MBE
Address:	<input type="checkbox"/> DAS-certified WBE
	<input type="checkbox"/> DAS-certified DisBE
Contact Person:	<input type="checkbox"/> All other subcontractors
Phone # / Email address:	

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Name:	<input type="checkbox"/> DAS-certified SBE (non-MBE/WBE/DisBE)
	<input type="checkbox"/> DAS-certified MBE
Address:	<input type="checkbox"/> DAS-certified WBE
	<input type="checkbox"/> DAS-certified DisBE
Contact Person:	<input type="checkbox"/> All other subcontractors
Phone # / Email address:	

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Name:	<input type="checkbox"/> DAS-certified SBE (non-MBE/WBE/DisBE)
	<input type="checkbox"/> DAS-certified MBE
Address:	<input type="checkbox"/> DAS-certified WBE
	<input type="checkbox"/> DAS-certified DisBE
Contact Person:	<input type="checkbox"/> All other subcontractors
Phone # / Email address:	

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Name:	<input type="checkbox"/> DAS-certified SBE (non-MBE/WBE/DisBE)
	<input type="checkbox"/> DAS-certified MBE
Address:	<input type="checkbox"/> DAS-certified WBE
	<input type="checkbox"/> DAS-certified DisBE
Contact Person:	<input type="checkbox"/> All other subcontractors
Phone # / Email address:	

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Name of Bidder

**COMMUNITY SUBCONTRACTOR UTILIZATION CERTIFICATE [CONTINUED]**

**SUBCONTRACTOR/SUPPLIER NAME**

**BRIEF STATEMENT OF EXPERIENCE**

**REFERENCES**

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Name of Bidder

**COMMUNITY SUBCONTRACTOR UTILIZATION CERTIFICATE [CONTINUED]**

**SUBCONTRACTOR / SUPPLIER NAME**

**BRIEF STATEMENT OF EXPERIENCE**

**REFERENCES**

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**CALCULATION SHEET FOR COMMUNITY SUBCONTRACTOR UTILIZATION CERTIFICATE**

(A) Total Dollar Amount for All MBE, WBE and DisBE = \$ \_\_\_\_\_

(B) Total Dollar Amount for All SBE (non-MBE/WBE/DisBE), MBE, WBE and DisBE = \$ \_\_\_\_\_

(C) Total Dollar Amount for Businesses having a place of business within the City of New Haven limits\*\*\* = \$ \_\_\_\_\_

(D) Total Dollar Amount for Bidder's Entire Contract Value (The "Bid Price") = \$ \_\_\_\_\_

\*\*\* Note: If the Bidder (i.e., prime bidder) has a place of business within the City of New Haven limits, then the relevant dollar amount is calculated by deducting from the Bidder's entire contract value, the value of the subcontracts and suppliers of materials who do not have a place of business within the City of New Haven.

Minority Business Enterprises Utilization Calculation for Percentage of Total Contract Value:

1. (A) Divided By (D) x 100 = \_\_\_\_\_% (Percentage of MBE, WBE and DisBE Participation) **NOTE: Must be no less than 25%.**

Small Business Enterprises Utilization Calculation for Percentage of Total Contract Value:

2. (B) Divided By (D) x 100 = \_\_\_\_\_% (Percentage of SBE Participation) **NOTE: Must be no less than 30%.**

New Haven Business Enterprises Utilization Calculation for Percentage of Total Contract Value:

3. (C) Divided By (D) x 100 = \_\_\_\_\_% (Percentage of New Haven Businesses) **NOTE: Must be no less than 10%.**

The Bidder further certifies that none of the SBE/MBE/WBE/DisBE Subcontractors or Suppliers of Materials that the Bidder has selected for participation in the NHPA Community Subcontractor Utilization Program fall within the definition of an Affiliated party pursuant to Connecticut State Statute Section 4a-60g. Additionally, the Bidder further certifies that, upon approval of the above-named firms, or other firms added or substituted in accordance with the Bid Documents, it will execute a binding contract with such subcontractors and suppliers of materials for the purpose of undertaking and completing the above described work.

Date: \_\_\_\_\_

Name of Bidder: \_\_\_\_\_

Official Address: \_\_\_\_\_

Name and Title of Signatory: \_\_\_\_\_

Signature: \_\_\_\_\_

Affix Corporate Seal  
(Attach additional sheets if necessary)