



County of Los Angeles
 Department of Public Works – Construction Division
COMMUNITY BUSINESS ENTERPRISE (CBE) PROGRAM

Project ID _____ Project Name _____

FIRM/ORGANIZATION INFORMATION (For Subcontractors)

INSTRUCTIONS: The low bidder must return this form for each of its subcontractors listed in the bid proposal before 5:00 p.m. on the fourth business day following the bid opening. Friday, Saturday, Sunday, or legal holidays are not counted as business days. The information requested below is for statistical purposes only. Categories listed below are based on those described in 49 CFR ' 23.5. Failure to submit this form before the deadline prescribed above may result in the bid being declared nonresponsive.

NAME AND TYPE OF BUSINESS STRUCTURE: _____
 (Corporation, Partnership, Sole Proprietorship, etc.)

TOTAL NUMBER OF EMPLOYEES IN FIRM (including owners): _____

CULTURAL/ETHNIC COMPOSITION OF FIRM (Partners, Associate Partners, Managers, Staff, etc.). Please break down the above total number of employees into the following categories:

	OWNERS/PARTNERS/ ASSOCIATE PARTNERS	MANAGERS	ALL OTHERS
Black/African American			
Hispanic/Latin American			
Asian American			
American Indian/Alaskan Native			
White			
<i>Based on the above categories, please indicate the total numbers of men and women in the firm:</i>			
Male			
Female			

PERCENTAGE OF OWNERSHIP IN FIRM Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latin American	Asian American	American Indian/ Alaskan Native	White
Men	%	%	%	%	%
Women	%	%	%	%	%

CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERANS BUSINESS ENTERPRISES Is your firm currently certified as a minority, women-owned, disadvantaged or disabled veterans business enterprises by a public agency? (If yes, complete the following and attach a copy of your notice of certification.)

	M	W	D	DV	
Agency _____	—	—	—	—	Expiration Date _____
Agency _____	—	—	—	—	Expiration Date _____
Agency _____	—	—	—	—	Expiration Date _____
Agency _____	—	—	—	—	Expiration Date _____
Agency _____	—	—	—	—	Expiration Date _____

LEGEND:

M = Minority; W = Women; D = Disadvantaged; DV = Disabled Veterans



County of Los Angeles
Department of Public Works – Construction Division
COMMUNITY BUSINESS ENTERPRISE (CBE) PROGRAM

CBE SANCTIONS

1. A person or business shall not:
 - a. Knowingly and with the intent to defraud, fraudulently obtain, retain, attempt to obtain or retain, or aid another in fraudulently obtaining or retaining or attempting to obtain or retain, acceptance or certification as a minority or women business enterprise, or both, for the purposes of this article.
 - b. Willfully and knowingly make a false statement with the intent to defraud, whether by affidavit, report, or other representation, to a County official or employee for the purpose of influencing the acceptance or certification or denial of acceptance or certification of any entity as a minority or women business enterprise, or both.
 - c. Willfully and knowingly obstruct, impede, or attempt to obstruct or impede, any county official or employee who is investigating the qualifications of a business entity which has requested acceptance or certification as a minority or women business enterprise, or both.
 - d. Knowingly and with intent to defraud, fraudulently obtain, attempt or obtain, or aid another person or business in fraudulently obtaining or attempting to obtain, public moneys to which the person or business is not entitled under this article.
2. Any person or business who violates paragraph (1) shall be suspended from bidding on, or participating as contractor, subcontractor, or supplies in, any county contract or project for a period of three years.
3. No County agency with the powers to award contracts shall enter into any contract with any person or business suspended for violating this section during the period of the person's or business' suspension. No awarding department shall award a contract to any contractor utilizing the services of any person or business as a subcontractor suspended for violating this section during the period of the person's or business suspension.

I acknowledge, that the undersigned, on behalf of himself or herself individually and on behalf of his or her business or organization, if any, is fully aware of the above policy of the County of Los Angeles and I declare under penalty of perjury that the foregoing Firm/Organization Information is true and correct.

Name of Firm _____

Signature _____ Title _____

Date _____



County of Los Angeles
 Department of Public Works – Construction Division
CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM

**APPLICATION FOR EXCEPTION AND CERTIFICATION FORM
 FOR SUBCONTRACTORS**

Project ID _____ **Project Name** _____

INSTRUCTIONS: The low Bidder must return this form for each of its subcontractors listed in the Bid Proposal before 5:00 p.m. on the fourth business day following the Bid opening. Friday, Saturday, Sunday, or legal holidays are not counted as business days. Failure to submit this form before the deadline prescribed above may result in the Bid being declared nonresponsive.

This Contract is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program) (Los Angeles County Code, Chapter 2.203). All Subcontractors must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the Agency will determine, in its sole discretion, whether the Bidder is excepted from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		

Application for Exception

I request an exception from the Program for the following reason(s) (check the appropriate box(es) and attach documentation that supports your claim):

My business does not meet the definition of “contractor”, as defined in the “Program”, because my business has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contact/purchase order itself will exceed \$50,000 in any 12 month period). Also, if my business is awarded the contact or purchase order and secures additional County business that in the aggregate exceeds \$50,000 in any 12-month period, then I understand that the exception will be lost and my business shall at that time implement a written policy consistent with the Program.

My business is a small business as defined in the Program. It 1) has ten or fewer employees; and 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract is less than \$500,000; and 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. If during the contract period my business exceeds ten employees or \$500,000 annual gross revenues. I understand that the exception will be lost and my business shall at that time implement a written policy consistent with the Program.

“**Dominant in its field of operation**” means having more than ten employees and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the Contract awarded, exceed \$500,000.

“**Affiliate or subsidiary of a business dominant in its field of operation**” means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that filed of operation.

My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

Certification of Compliance

My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, or my company will have and adhere to such a policy prior to award of the Contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Title:
Signature:	Date: