



Contra Costa County

Self Certification Form

Small Business Enterprise and Outreach Programs

All of the non-statistical information provided in SECTION 1 will be included in the County's SBE and Outreach Directory, which may be shared with County Departments, contractors, consultants, and others in both electronic (internet, intranet, e-mail, facsimile) and paper formats, unless you indicate otherwise in SECTION 5.

SECTION 1
Name of Firm (Print)
Street Address (City, State) (Zip Code)
Mailing Address (City, State) (Zip Code)
(Area Code) Phone No. (Area Code) Fax No. E-mail
Is your main office located in Contra Costa County? Yes No
Business Entity Status
Check all appropriate boxes: MBE WBE DBE SBE LBE DVBE OBE
Ethnicity of Owner(s): White Black Hispanic Asian American Indian/Alaskan Native

SECTION 2 Complete this section to certify as a Small Business Enterprise. (See Page 3 for Definitions)
State Certified SBE: Yes No
Certification No.:
Have your gross receipts for the past three years averaged \$10 million or less per year? Yes No
Do you employ more than 100 employees together with affiliates? Yes No
Is your principal office located in California? Yes No
The officers reside in California? Yes No

SECTION 3 Complete this section to certify as a Minority Business Enterprise (MBE) and/or Woman Business Enterprise (WBE) and/ or Disabled Veteran Business Enterprise (DVBE) (See Page 3 for Definitions)
Check appropriate box:
Contractor Special Trade Contractor Trucker Manufacturer Construction Supplier Vendor
Consultant/Service Provider
Are you certified with any other agencies: Yes No
If "Yes" please list:
If you are a Contractor, are your annual gross receipts fourteen million dollars (\$14,000,000) or less? Yes No
If you are a Special Trade Contractor, are your annual gross receipts seven million dollars (\$7,000,000) or less? Yes No
If you are a Trucker/Manufacturer/Supplier/Vendor, do you meet the SBA size standard? Yes No
Is your firm 51% owned and managed by one or more minority owners? Yes No
Is your firm 51% owned and managed by one or more women owners? Yes No
Is your firm 51% owned and managed by one or more disabled veteran owners? Yes No
Are the owners citizens or lawful permanent residents of the U.S.? Yes No
If you are a DVBE, is your principal office located in the United States? Yes No
As a DVBE, do you reside in California? Yes No

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SECTION 4 Work Conducted By Firm (Describe what your firm does.)

Construction	
Vendor/Supplies	
Consultant/ Service Provider	

SECTION 5 Acknowledgement of Publication

The undersigned acknowledges and agrees that the non-statistical information provided in SECTION 1 may be published in the County's SBE and Outreach Directory which may be shared with County Departments, contractors, consultants, and others in both electronic (internet, intranet, e-mail, facsimile) and paper formats, unless exceptions are noted below.

- I agree to publication of all SECTION 1 information.
- I do not agree to publication of the following (check all that apply):
- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Street Address | <input type="checkbox"/> Phone Number | <input type="checkbox"/> E-mail Address |
| <input type="checkbox"/> Mailing Address | <input type="checkbox"/> Fax Number | <input type="checkbox"/> Business Entity Status |

SECTION 6 Certification of Ownership

The undersigned is authorized to execute this Self Certification form on behalf of _____
Name of Firm

Street Address (City, State, Zip Code) Name(s) of Owner(s)

And swears under penalty of perjury that our firm meets the definition of MBE, WBE, DBE, SBE, LBE, DVBE, and/or OBE set forth on page 3 of this form and that all information contained in this form is true and correct. **Any material misrepresentation will be grounds for terminating any purchase orders or contracts which may be or have been awarded.**

Signed in _____
(City, County, State)

on _____, 200 _____

By _____ (Print Name) _____ (Title)

_____ (Signature) _____ (Area Code) Phone No.

Return this Self-Certification Form to the department who sent you this form or:

**Contra Costa County
Affirmative Action Office
651 Pine Street – 10th Floor
Martinez, CA 94553**

*****For Department Use Only*****

SECTION 7 Departmental Concurrence

The undersigned department concurs in the above Self-Certification form and is satisfied that the applicant meets the requirements for self certification as an MBE, WBE, DBE, SBE, LBE, DVBE, and/or OBE.

By _____ (Print Name) _____ (Department)

_____ (Signature of Department Head or Deputy) _____ (Area Code) Phone No.

Date _____

Note: This form should be forwarded to the Affirmative Action Office within 10 days of its completion.

MBE, WBE, OBE, DBE, SBE, LBE, and DVBE Definitions:

A Minority Business Enterprise (MBE) is a business entity which is at least 51% owned and whose management and daily business operations are controlled by one or more minorities who are citizens or lawful permanent residents of the United States and a member of a recognized ethnic or racial group. The management operations, and control must be substantial, real, and on-going on a regular basis.

A Women Business Enterprise (WBE) is a business entity at least 51% owned and whose management and daily business operations are controlled by one or more women who are citizens or lawful permanent residents of the United States. The management operations, and control must be real, substantial and on-going, on a regular basis.

A Other Business Enterprise (OBE) is any business which does not otherwise qualify as a Minority or Women Business Enterprise.

A Disadvantaged Business Enterprise (DBE) is a small business concern (pursuant to Section 3 of the Small Business Act) owned and controlled by socially and economically disadvantaged individuals. This means that socially and economically disadvantaged individuals must own at least 51% of the business, and they must control the management and operations of the business. DBE criteria is used only for state or federally funded projects that require DBE goals.

A Small Business Enterprise (SBE) is an independently owned and operated business; which is not dominant in its field of operation; the principal office of which is located in California; the officers of which are domiciled in California; and which, together with affiliates, has 100 or fewer employees and average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years, or is a manufacturer with 100 or fewer employees.

A Local Business Enterprise (LBE) is a business entity whose principal place of business is located within the boundaries of Contra Costa County.

A Disabled Veteran Business Enterprise (DVBE) is a business concern certified by the administering agency as meeting all of the following: 1) a veteran of the military, naval, or air service of the United States with a service-connected disability of at least 10 percent, and who is also a resident of California, 2) one or more disabled veterans own 51% percent of the firm, 3) the management and control of the daily business operations are by one or more disabled veterans, and 4) it is a sole proprietorship corporation or partnership with its home office located in the United States and is not a subsidiary of a foreign firm.