

## **RFP ATTACHMENT 4**

### **DBE/SBE PROGRAM FORMS**

- a) **Bidders/Proposers Information Form (must be submitted with proposal)**
- b) **Instructions for properly completing the Bidders/Proposers Information Form – *please read carefully!***
- c) **Good Faith Efforts Form (must be submitted with proposal if there is a contract SBE goal and the goal is not met in the proposal)**
- d) **Progress Payment Report**
- e) **Subcontractor Payment Declaration Form**
- f) **Final Expenditure Report**

**TRANSBAY JOINT POWERS AUTHORITY  
BIDDERS/PROPOSERS INFORMATION REQUEST FORM**

*To be completed by Prime Contractor and submitted as part of bid/proposal.*

NAME OF PROJECT/PROPOSAL							PROJECT/PROPOSAL NUMBER					
PROPOSER BUSINESS NAME AND ADDRESS												
NAME OF PERSON SUBMITTING BID					SIGNATURE OF PROPOSER					DATE		
CONTACT PERSON NAME				CONTACT PHONE NUMBER				CONTACT EMAIL				
IMPORTANT: 1) Identify all DBE/SBE firms being claimed for credit. 2) List names of all DBE/SBE subcontractors and their respective items of work. 3) Attach a copy of the proof of DBE/SBE certification for each DBE/SBE subcontractor listed on this form. 4) Attach "Intent to Perform" letter signed by the subcontractor.												
LIST BUSINESS FIRM(s) List Name, Address, and Contact Person (if not the same as above)	Phone Number	Email Address	Age of Firm	Item of Work, Service or Materials Supplied	NAICS Code (if known) *	Annual Gross Receipts of Firm	DBE Participation				Award Amount	Percentage of Contract Participation
							Certified DBE (Y/N)	Certified SBE (Y/N)	DBE Certifying Agency	Type of DBE **		
<b>A. PRIME Contractor</b>												
<b>B. Subcontractor/Vendor/Joint Venture</b>												
<b>TOTAL</b>											\$0	0.00%

\* NAICS Code: North American Industry Classification System Code. Codes can be found at <http://www.census.gov/naics/2007/NAICOD07.htm>.  
 \*\* Type of DBE: (1) African-American (2) Hispanic (3) Native American (4) Asian-Pacific (5) Asian-Indian (6) Female-Woman (7) Other (designated by the Small Business Administration)  
 - DBEs must be certified by Caltrans or an agency participating in the California Unified Certification Program. Visit the Caltrans website at <http://dot.ca.gov/hq/bep/ucp.htm> for a list of participating agencies.  
 - Important: Attach the proof of certification for each DBE firm used toward meeting the DBE goal.  
 - This information will be used to create and maintain a federally-required Bidders List, regardless of DBE participation.  
 - Use additional sheets as necessary.



## Disadvantaged/Small Business Enterprise Forms

All TJPA contracts include the requirement that the Contractor submit the following forms as part of our Disadvantaged Business Enterprise (DBE) and Small Business Enterprise (SBE) Programs:

<b>Bidders/Proposers Information Request Form</b>	To be submitted with a bid or proposal; must also be submitted upon contract award if the information has changed
<b>Progress Payment Report</b>	To be submitted with every invoice
<b>Subcontractor Payment Declaration</b>	To be submitted within five days of each Contractor payment to a subcontractor (and a Contractor is to pay all subcontractors within ten days of receiving payment)
<b>Final Expenditure Report</b>	To be submitted upon contract completion

These forms are necessary to monitor our federally-mandated DBE Program and Board-mandated SBE Program.

### How to fill out the Bidders/Proposers Information Request Form

1. Name of Project/Proposal – insert name of the TJPA Request for Proposals (RFP) or Invitation for Bids (IFB)
2. Project/Proposal Number – insert TJPA-assigned number of the relevant RFP or IFB
3. Proposer Business Name and Address – insert company name and address of prime contractor. If proposal or bid is being made by a joint venture, contact the TJPA for an alternate form.
4. Name of Person Submitting Bid – insert contact name of person submitting bid on behalf of firm
5. Signature of Proposer – signature of person listed in number 4
6. Date – date proposal or bid is being submitted
7. Contact Person Name – insert contact name for the prime contractor
8. Contact Person Number – insert telephone number of contact person for the prime contractor
9. Contact Email – insert email address of contact person for the prime contractor
10. Note the requirements in small print – “IMPORTANT: 1) Identify all DBE/SBE firms being claimed for credit. 2) List names of all DBE/SBE subcontractors and their respective items of work. 3) Attach copy of the proof of DBE/SBE certification for each DBE/SBE subcontractor listed on this form. 4) Attach “Intent to Perform” letter signed by the subcontractor.”

Certification must be attached. The TJPA accepts DBE participation only from firms currently certified in the California Unified Certification Program (CUCP). For SBE participation, certifications are accepted from the CUCP, the San Francisco Contract Monitoring Division, and/or the State of California Department of General Services. If a proposal or bid includes subcontractors, a letter stating the subcontractor’s intent to perform work on the project must be attached.

11. Sections A and B must be completed, even if there is no DBE/SBE participation planned for the contract. The information in this section is required for TJPA DBE/SBE Program monitoring purposes and for maintaining a federally-required bidders list. **Do not write “not applicable” or “n/a”**. If a proposal or bid is being submitted by one firm or individual, with no partners or subcontractors, then that firm or individual is the PRIME Contractor and must complete Section A. Even if the name, address and phone number are the same as provided above on the form, the remaining columns must be completed; do not write “same as above”. **All subcontractors, whether DBE/SBE or non-DBE/SBE, must be listed in Section B.** Use additional sheets if necessary. If there are no subcontractors proposed, Section B will remain blank.

- Age of firm – how many years the firm has been in business

- Item of Work, Service or Materials Supplied – what is the respective item of work the firm will provide for the contract
- NAICS Code – North American Industry Classification System Code. Codes can be found at [www.census.gov/naics](http://www.census.gov/naics).
- Annual Gross Receipts of Firm – a range may be provided, e.g., less than \$500,000; \$500,000 - \$1,000,000; \$1,000,000 - \$5,000,000; \$5,000,000 - \$10,000,000; etc.
- Certified DBE/SBE – mark yes or no in this column. If “yes”, list the type of certification: CUCP, HRC, DGS.
- DBE/SBE Certifying Agency – if you marked yes as a Certified DBE/SBE, note which agency your certification letter is from—BART, SFMTA, CMD, etc.
- Type of DBE– if you marked yes as a Certified DBE, put the number that corresponds to the type of DBE as follows—
  1. African-American
  2. Hispanic
  3. Native American
  4. Asian-Pacific
  5. Asian-Indian
  6. Female-Woman
  7. Other
- Award Amount – leave this column blank, unless you are submitting an updated form after contract award
- Percentage of Contract Participation – if only one firm or individual is proposing or bidding, with no partners or subcontractors, this is 100% for the prime contractor. Fill in appropriate percentages for each firm if some of the work is being subcontracted. Note that the total at the bottom of the form must be 100% when all percentages are added.

Use additional sheets if necessary. If there are no subcontractors proposed, Section B will remain blank.

### **How to fill out the Progress Payment Report**

- Contract Award Date – insert date from cover page of your contract
- TJPA Contract No. – this number should be listed on your Notice to Proceed (NTP). If unsure, contact the TJPA Contracts Compliance Manager or the Project Manager you are working with
- Contract Title – this should also be in the subject line of your NTP. If unsure, contact the TJPA Contracts Compliance Manager or the Project Manager you are working with
- Prime Contractor – self explanatory
- Contact Person – self explanatory
- Contact Phone No. – self explanatory
- Contact Email – self explanatory
- Prime Contractor Address – self explanatory
- Signature – self explanatory
- Invoice Date – self explanatory
- Invoice No. – self explanatory
- For the Period – invoice period

1. Award Amount of Prime Contract (including amendment) – insert the total, approved dollar amount of the contract, including any amendments, which can be found in the Compensation clause of the contract or amendment.
2. Amount of Authorized Work (NTP, RFS) including Amendments and Modifications to Date– enter the total amount of any approved contract Notices to Proceed or Requests for Services
3. Total Amount for this Invoice – enter total amount of the current invoice this report is accompanying.
4. Total Previously Invoiced Awaiting Payment – enter total amount of any previously submitted invoices not yet paid.
5. Total Amount Paid to Date (not including lines 3 and 4) – enter total of all invoices that have been paid to date
6. Total Invoice Amount Requested to Date (Line 3 + Line 4 + Line 5) – adds Lines 3, 4 and 5 (excel spreadsheet has a formula in the cell, you do not need to add this on your own)
7. Percent Complete (Line 6/Line 2)– contract percentage completed; divide Line 6 by Line 2 (excel spreadsheet has a formula in the cell, you do not need to calculate this on your own)

## **Part 2: Consultant/Subconsultant Payment Detail Summary**

This section is very similar to Part 1, above, but has lines for inputting the same information for each contract participant—prime and subs.

**Information listed in columns A – C should match the original Bidders Form. If changes have been made to Subs, please resubmit Bidders Form, and update columns A – C.**

- A. Name of Firm – all firms working on the contract should have a row, even if they are not billing on this particular invoice
- B. DBE/SBE – mark DBE, SBE, or N. If a firm is both a DBE and either a CA SBE or SF CMD SBE, please mark Y for both DBE and SBE
- C. Portion of Work – percentage of work that each firm is expected to perform on the contract. The sum of this column should be 100%
- D. Award amount of Prime Contract (including amendment) – the dollar amount that each firm is expected to perform on the contract at the time of award or amendment. The sum of this column should equal the contract amount in Line 1 on page 1
- E. Amount of Authorized Work (NTP, RFS) including Amendments and Modifications to Date – the dollar amount of any NTP, RFS, change orders, modifications or amendments, broken down by contractor (prime and/or subs). The sum of this column should equal the amount in Line 2 on page 1
- F. Total Amount for this current Invoice (\$) – the dollar amount invoiced by each contractor, prime and sub, for this invoice. If a particular firm did not bill on this invoice, put \$0.00. The sum of this column should equal the total invoice amount (Line 3 on page 1)
- G. Total Previously Invoiced Awaiting Payment (\$) – broken down by contractor (prime and/or subs). The sum of this column should equal Line 4 on page 1
- H. Total Amount Paid to Date (Not listed under F&G )(\$) –broken down by contractor (prime and/or subs). The sum of this column should equal Line 5 on page 1
- I. Total Invoice Amount to Date (F+G+H) (\$) –broken down by contractor (prime and/or subs). The sum of this column should equal Line 6 on page 1
- J. Percent Complete to Date (I / F) (%) – total amount invoiced divided by authorized work amount, broken down by contractor (prime and/or sub). The percentage total of this column should equal Line 7 on page 1 (excel spreadsheet has a formula in the cell, you do not need to calculate this on your own)

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## **How to fill out the Subcontractor Payment Declaration**

The items required on this form are self explanatory. Subconsultants must be paid within ten days of the prime contractor's receipt of payment from the TJPA, and this form must be submitted within five days of payment to the subconsultant. Please contact the TJPA Contracts Compliance Manager or your Project Manager with any questions.

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**How to fill out the Final Expenditure Report**

This report is an update of your Bidders/Proposers Information Request Form, based on actual contract data. The information required on this form should be self explanatory. Please contact the TJPA Contracts Compliance Manager or your Project Manager with any questions.

**TRANSBAY JOINT POWERS AUTHORITY  
SBE PARTICIPATION GOOD FAITH EFFORTS FORM**

This form must be completed and submitted along with compelling documentation detailing the good faith efforts made to meet the SBE participation goal if the information submitted on the **Bidders/Proposers Information Form indicates that the SBE goal has not been met.**

If the SBE participation goal is not met, and if this form, along with compelling documentation detailing the good faith efforts made to meet the goal, is not completed and returned with the bid or **proposal, the bid or proposal shall be deemed non-responsive and rejected.**

Even if the Bidders/Proposers Information Form indicates that the SBE goal has been met, bidders/proposers are still encouraged to submit good faith efforts documentation to protect their eligibility for the contract.

**Contract No.:** \_\_\_\_\_ **Contract Name:** \_\_\_\_\_

**Bidder/Proposer:** \_\_\_\_\_

Please supply the following information:

1. Attended any pre-solicitation, pre-proposal, or pre-bid meetings held to inform all bidders about the contract and SBE requirements

Meeting Date: \_\_\_\_\_  
Attendee(s): \_\_\_\_\_  
\_\_\_\_\_

Meeting Date: \_\_\_\_\_  
Attendee(s): \_\_\_\_\_  
\_\_\_\_\_

Meeting Date: \_\_\_\_\_  
Attendee(s): \_\_\_\_\_  
\_\_\_\_\_

Meeting Date: \_\_\_\_\_  
Attendee(s): \_\_\_\_\_  
\_\_\_\_\_

2. List below and/or on an attached sheet the names and dates of all certified SBEs solicited for this project. List the dates and methods used for initial contact and any follow-up contact. Attach copies of letters, faxes, emails and any other supporting documentation that you would like the Contract Compliance Manager to consider in determining good faith efforts.

3. Summarize below and/or on an attached sheet the items of work for which the Bidder requested subcontractor services of SBEs, the information furnished to interested SBEs regarding work requirements, and any breakdown of tasks into economically feasible units to facilitate SBE participation. Where there are SBEs available for doing portions of the work normally performed by the bidder with its own staff, the bidder will be expected to make portions of such work available for SBEs.

**TRANSBAY JOINT POWERS AUTHORITY  
SBE PARTICIPATION GOOD FAITH EFFORTS FORM**

4. List below and/or on an attached sheet the names of any SBEs solicited for the work above, and a summary of the discussions or negotiations with them.

a. List solicited SBEs not available to participate on the contract, stating the reason.

b. List solicited SBEs chosen to participate, and the reasons for the choice.

c. List solicited SBEs not chosen to participate, reasons for the choice, and any actions taken by the bidder to assist the rejected SBEs in remedying deficiencies in their proposal.

If insurance or bonding is a reason for rejecting any potential SBE, a complete explanation including contact and discussions with insurance and surety firms must be provided.

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_



**TRANSBAY JOINT POWERS AUTHORITY  
PROGRESS PAYMENT REPORT**

*To be completed by Prime Contractor and submitted to Project Manager with every monthly invoice.*

**PART 1: PROJECT SUMMARY**

Contract Award Date:	TJPA Contract No.:	Contract Title:	
Prime Contractor:	Contact Person:	Contact Phone No.:	Contact Email:
Prime Contractor Address:		Signature:	
Invoice Date:	Invoice No.:	For the Period:	

1. Award amount of Prime Contract (including amendment)	
2. Amount of Authorized Work (NTP, RFS) including Amendments and Modifications to Date	
3. Total Amount for this Invoice	
4. Total Previously Invoiced Awaiting Payment	
5. Total Amount Paid to Date (not including Lines 3 and 4)	
6. Total Invoice Amount Requested to Date (Line 3 + Line 4 + Line 5)	\$ -
7. Percent Complete (Line 6/Line 2)	#DIV/0!

**TRANSBAY JOINT POWERS AUTHORITY  
PROGRESS PAYMENT REPORT**

**PART 2: CONSULTANT/SUBCONSULTANT PAYMENT DETAIL SUMMARY**

A	B-1	B-2	C	D	E	F	G	H	I	J
Name of Firm (Including Prime, Subs, Vendors, and Joint Ventures)	DBE (Y/N)	SBE (Y/N)	Percentage of Contract Participation (%)	Award amount of Prime Contract (including amendment)	Authorized Work (NTP, RFS) including Amendments and Modifications to	Total Amount for this Invoice (\$)	Total Previously Invoiced Awaiting Payment (\$)	Total Amount Paid to Date (Not listed under F&G )(\$)	Total Invoice Amount to Date (F+G+H) (\$)	Percent Complete to Date (I / E) (%)
				\$0.00					\$0.00	#DIV/0!
				\$0.00					\$0.00	#DIV/0!
				\$0.00					\$0.00	#DIV/0!
				\$0.00					\$0.00	#DIV/0!
				\$0.00					\$0.00	#DIV/0!
				\$0.00					\$0.00	#DIV/0!
				\$0.00					\$0.00	#DIV/0!
				\$0.00					\$0.00	#DIV/0!
				\$0.00					\$0.00	#DIV/0!
				\$0.00					\$0.00	#DIV/0!
				\$0.00					\$0.00	#DIV/0!
				\$0.00					\$0.00	#DIV/0!
				\$0.00					\$0.00	#DIV/0!
<b>TOTAL</b>			0%	\$0.00	-	-	-	-	\$0.00	#DIV/0!

**TRANSBAY JOINT POWERS AUTHORITY  
SUBCONTRACTOR PAYMENT DECLARATION**

This form must be completed and submitted by the Prime Contractor for all subcontractors, vendors, and joint venture partners with every invoice submitted to TJPA within five (5) working days following actual payment to subconsultant. Payments to subconsultant shall be made no later than ten (10) working days following receipt of progress payment from TJPA. Use additional sheets if necessary. Failure to submit all required information may lead to partial withholding of progress payment.

Date: \_\_\_\_\_ Contract No.: \_\_\_\_\_

Contract Title: \_\_\_\_\_

Prime Contractor: \_\_\_\_\_

Invoice Date: \_\_\_\_\_ Invoice No.: \_\_\_\_\_

For the Period: \_\_\_\_\_

Total Amount of Invoice: \_\_\_\_\_ TJPA Check No.: \_\_\_\_\_

Subcontractor/ Vendor/JV	DBE (Y/N)	SBE (Y/N)	Business Address Payment Sent To	Amount Paid	Payment Date	Check Number

Total Amount Paid to Subconsultants (this Pay Period) \$0.00

I/We declare under penalty of perjury under the laws of the State of California that the above information is complete, and that the tabulated amounts paid to date are accurate and correct.

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

**TRANSBAY JOINT POWERS AUTHORITY  
FINAL EXPENDITURE REPORT**

*To be completed by Prime Contractor at the end of the contract.*

CONTRACT TITLE/NO.	TOTAL CONTRACT AWARD AMOUNT	DATE OF AWARD
PRIME CONTRACTOR/CONSULTANT NAME AND ADDRESS	TOTAL EXPENDITURES AT END OF CONTRACT	DATE OF CONTRACT COMPLETION
PROJECT MANAGER NAME	PROJECT MANAGER SIGNATURE	DATE
CONTACT PERSON NAME RE: FINAL EXP. REPORT	CONTACT PHONE NUMBER	CONTACT EMAIL

**IMPORTANT: 1) Identify all DBE firms being claimed for credit. 2) List names of all DBE subcontractors and their respective items of work.**

LIST BUSINESS FIRM(s) List Name, Address, and Contact Person (if not the same as above)	Phone Number	Email Address	Item of Work, Service or Materials Supplied	NAICS Code (if known) *	DBE Participation				Date of Work Completed	Date of Final Payment	Total Amount Paid	% of Total Expenditures
					Certified DBE (Y/N)	Certified SBE (Y/N)	DBE Certifying Agency	Type of DBE **				
<b>A. PRIME Contractor</b>												
												#DIV/0!
<b>B. Subcontractor/Vendor/Joint Venture</b>												
												#DIV/0!
												#DIV/0!
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												#DIV/0!
												#DIV/0!
												#DIV/0!
<b>TOTAL</b>										\$ -		#DIV/0!

Comments/Notes: (Explain cost overruns or discrepancies; DBE firm substitutions, etc...)

\* NAICS Code: North American Industry Classification System Code. Codes can be found at <http://www.census.gov/naics/2007/NAICOD07.htm>.  
 \*\* Type of DBE: (1) African-American (2) Hispanic (3) Native American (4) Asian-Pacific (5) Asian-Indian (6) Female-Woman (7) Other (designated by the Small Business Administration)  
 - DBEs must be certified by Caltrans or an agency participating in the California Unified Certification Program. Visit the Caltrans website at <http://dot.ca.gov/hq/bep/ucp.htm> for a list of participating agencies.  
 - Important: Attach the proof of certification for each DBE/SBE firm used toward meeting the DBE/SBE goal if different from "Bidders/Proposers Information Request Form."  
 - This form will be compared for consistency with the "Bidders/Proposers Information Request Form."  
 - Use additional sheets as necessary.