**Prequal M/W/DBE CUF Self-Affirmation**

**All Sub-Contractors/Trucking Contractors/Bulk Item Suppliers:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of

Name of Principal Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm my firm is a certified \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Certified Firm D/M/WBE

Subcontractor that provides a commercially useful function and performs,

manages and supervises my own employees with our own forces.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_owns or leases and operates its trucks and equipment and has Name of Certified Firm

provided the appropriate lease, driver and registration information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ does not share employees with any other firm including the

Name of Certified Firm

prime contractor or its affiliates.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ manage and control the daily operations of this

Name of Principal

organization and am the appropriate license holder as required.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_

Name Title Date

**Vendors:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of

Name of Principal Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm my firm is a certified \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Certified Firm D/M/WBE

Supplier that provides a commercially useful function and is responsible for

the quantity estimates of materials supplied, am a stocking distributor of the

materials I provide and maintain a warehouse and/or regular place of business.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is responsible for the delivery of those materials.

Name of Certified Firm

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_attest my firm pays for those products and materials

Name of Principal

directly to the manufacturer

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ manage and control the daily operations of this

Name of Principal

organization and holds agreements with the appropriate suppliers as is standard industry

practice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_

Name Title Date

**ALL MWDBEs:**

1. Has your firm ever been suspended or debarred from any government contracting process or been disqualified on any government procurement? Yes No
2. Been subject to a denial or revocation of a government prequalification or certification? Yes No
3. Agreed to a voluntary exclusion from bidding/contracting with a government entity? Yes No
4. Been subject of any criminal investigation, felony indictment or conviction concerning fraudulent Minority-Owned Business Enterprise, Women-Owned Business Enterprise, or a Disadvantaged Business Enterprise participation?
5. Had a denial, decertification, revocation or forfeiture of any certification of Minority-Owned Business Enterprise, Women-Owned Business Enterprise or a Federal certification of Disadvantaged Business Enterprise status? Yes No
6. Entered into a formal monitoring agreement, consent decree or stipulation settlement as specified by, or agreed to with, any government entity? Yes No

For each “Yes,” provide an explanation of the issue(s), the Business Entity involved, the relationship to the submitting Business Entity, the government entity involved, project(s), relevant dates, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer(s) below or attach additional sheets with numbered responses.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_

Name Title Date