

DOCUMENT 00461

DISADVANTAGED BUSINESS ENTERPRISE (DBE) POSITIVE EFFORT CERTIFICATION BY APPLICANT/RECIPIENT

(SRF FORM 6)

1. The apparent successful low bidder on Clean Water Program funded project number C-06-_____ is _____ (name of bidder)
2. Before the State Water Resources Control Board - Division of Financial Assistance can consider requests for an Approval To Award (ATA) to any bidder the applicant/recipient must certify to the following:

DISADVANTAGED BUSINESS ENTERPRISE (DBE)

The bidder has obtained _____% of DBE participation for this contract.

Also submitted is Form 4 that contain a complete list of those DBE firms subcontracted with or with whom other types of agreements were made. The list includes the names of the firm, address, phone number and dollar amount involved.

The following affirmative steps as required by 40 CFR 35.3150 (d) have been taken:

- (1) The contractor divided total requirements when economically feasible, into small tasks or quantities to permit maximum participation of disadvantaged businesses.
- (2) The contractor established delivery schedules, where the requirements of the work permitted, which encouraged participation by disadvantaged business.
- (3) The contractor included qualified disadvantaged businesses on solicitation lists.
- (4) The contractor assures that disadvantaged businesses were solicited, whenever they were potential sources.
- (5) The contractor used the services and assistance of the Small Business Administration and the Office of Minority Business Development Agency of the U.S. Department of Commerce.

It must be understood that the applicant/recipient in its role as a public trustee assumes primary responsibility to achieve an acceptable level of DBE utilization. This primary responsibility is a basic condition of the award of any State Revolving Fund financial assistance. Where an application/recipient fails to meet its obligations under these requirements, the applicant/recipient may be declared non-responsible and may have funding either annulled, suspended or terminated.

In accepting these responsibilities, I hereby certify to the above.

Name of Applicant/Recipient

Signature of Authorized Representative

Date

Name and Title of Authorized Representative

This form must be submitted with the ATA package.

END OF SECTION