Contractor Status Form

This document provides the Energy Commission with basic information about the Bidder and its subcontractors.

* Each Bidder must complete, sign and include this attachment in their bid.
1. **Bidder Information**

Full Legal Name of Bidder

Business Address

(street number and name)

(city) (county) (state) (zip code)

Contact Person Title

Telephone Fax

E-mail

Type of Entity or Business Organization

Organization Tax ID Number How long under current ownership \_\_\_\_\_\_\_

Nature of Business Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of employees \_\_\_\_\_\_\_\_\_ Year established \_\_\_\_\_\_\_

Legal form of organization (check one):

 [ ]  Sole Proprietorship [ ]  Corporation [ ]  LLC

 [ ]  General Partnership [ ]  Sub-Chapter S Corporation

 [ ]  Limited Partnership [ ]  Other (describe)

# Small Business/Non-Small Business Preference Claim

Is your organization (or a subcontractor on your team) certified as a small business by the State of California, or have you (or a subcontractor) applied for certification?

 [ ]  **No** [ ]  **Yes** If yes, list the OSDS Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of certified small business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Date certified

[ ]  Application submitted to Office of Small Business Certification and Resources on:

 (date)

# Disabled Veteran Business Enterprise Participation Acknowledgement

I certify that I have read and understand the requirements of DVBE participation and understand my obligations in regard to DVBE. **I also understand that failure to meet the requirements of the DVBE will cause my Bid to be rejected before evaluation.**

DVBE Participation [ ]  **YES** [ ]  **NO**

DVBE Incentive Participation [ ]  **YES** [ ]  **NO**

DVBE Participation Amount must be documented on Attachment 4 Bidder Declaration.

1. **Bid Contents**

[ ]  Administrative Response, Volume #1 [ ]  Cost Bid Forms, Volume #2

[ ]  CD Rom or USB memory stick

# Authorization and Certification

I hereby authorize the California Energy Commission to make any inquiries necessary to verify the information I have presented in my Application.

I hereby authorize the California Energy Commission to obtain business credit reports and make any inquiries necessary to verify and evaluate the financial condition of the applicant.

I hereby certify that this application does not contain any confidential or proprietary information.

I hereby certify to the best of my knowledge and belief that I have read, understand, and do hereby accept the terms and conditions contained in this solicitation, including the provisions of the Agreement Terms and Conditions and, further, I am willing to enter into an agreement with the Commission to conduct the proposed project according to the terms and conditions without negotiation.

I hereby certify to the best of my knowledge, and under penalty of perjury, that the information contained in this Application is correct and complete.

I hereby certify that I am authorized to complete and sign this form on behalf of the applicant.

#### Signature of Authorized Representative Date

Typed Name Title

**BIDDER CERTIFICATION**

# *Instructions*

Complete and submit this form with your Bid.

***Bidder Information***

Name of Firm:

Address:

Contact Person:

Telephone Number:

***Certification***

In order to submit a bid, Bidder must provide all of the services described in the Invitation for Bids (IFB) and meet all of the minimum qualifications identified in the IFB section IV. To verify that the Bidder is so eligible, an authorized representative of the bidding firm must sign the following certification.

“The undersigned hereby certifies that

 (Name of Firm)

fully meets the standards and minimum qualifications set forth in IFB-17-403.”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Representative (type or print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date