## **Cover Sheet and Instructions**

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| **SELF-CERTIFICATION** | | | APPROVED DOCUMENT – This document is approved by the Office of the President and Office of the General Counsel for use by the Facility. | | | | |
|  | | |  | | | | |
| **PURPOSE OF DOCUMENT:** | Provides form for the Self-Certification of Contractors, Subcontractors, Designers, and Consultants. | | | | | | |
| **CROSS-REFERENCE TO FACILITIES MANUAL:** | None | | | | | | |
| **CONTENTS:** | Confirmation of Certification form | | | | | | |
| **FOR USE WITH:** |  | Long Form (LF) | |  | Brief Form (BF) |  | Multiple Prime  (MP) |
|  | Design Build  (DB) | |  | CM at Risk  (CM) |  | Job Order Contract  (JOC) |
|  | Mini Form  (MF) | |  | Professional Service Agreement PSA |  | Executive Design Professional Agreement EDPA |
|  | Construction Management Agreement (CMA) | |  | Master Architect Agreement (DB) |  | Brief Design Build (BDB) |
|  |  | Energy Savings Brief Design Build | |  | Informal Form |  |  |
| **COMPLETED BY:** |  | Filling in | |  | Adding Text |  | No Data Required |
| **ITS USE IS:** |  | Required | |  | Optional | | |

**NOTE:** To use the electronic file of this document, you must go to the “Tools” pull down menu in Microsoft Word, select “Options,” select the “View” tab, and then put a check in the box “Hidden text.” Most instructions and alternate language is displayed in hidden text. Do not print the hidden text for the final document.

**Completion Instructions:**

1. Suggested text is shaded in gray.

2. Contractor, Designer, Consultant, and each Subcontractor complete their own form.

3. In compliance with law and policy, UC will consider only business size (SBE) and disabled veteran status (DVBE) as criteria in its business contracting. The other categories listed on this form are tracked by the University for statistical purposes and may be part of special requirements of Project funding sources.

**Modifications and Additions:**

None

**Comments:**

None

**END OF COVERSHEET AND INSTRUCTIONS**

EXHIBIT

CONFIRMATION OF CERTIFICATION

For the Contractor and each Subcontractor indicated on the Report of Subcontractor Information, the following must be completed.

OR

For the Consultant and each Sub-consultant, the following must be completed.

|  |
| --- |
| **Small Business Enterprise (SBE)** - an independently owned and operated concern certified as a small business by the California Department of General Services Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) or other accepted certifying agency as listed here. **<https://ucop.edu/sbe-dvbe-certifications>**  Certifying Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Attach documentation of certification to this form) |
| **Disabled Veteran Business Enterprise (DVBE)** - an independently owned and operated concern certified as a DVBE by the State of California Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) or other accepted certifying agency as listed here. **<https://ucop.edu/sbe-dvbe-certifications>**  Certification Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Attach documentation of certification to this form) |

# Indicate all Business category(ies) that apply by checking the box next to the applicable category(ies), providing the Certification Agency and Certification Number along with attached proof of certification.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | ***The below information is being collected post-award for statistical purposes only. Please check all Business category(ies) that apply:*** | | **Disadvantaged Business Enterprise (DBE)** - a business concern that is at least 51% owned by one or more socially and economically disadvantaged individuals or, in the case of any publicly owned business, at least 51% of the stock of which is owned by such individuals and whose management and daily business operations are controlled by one or more of such individuals. Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias because of their identity as members of a group without regard to their individual qualities. Economically disadvantaged individuals are those socially disadvantaged individuals whose ability to compete in the free private enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same business area who are not socially disadvantaged. Business owners who certify that they are members of named groups (Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Asian-Indian Americans) are to be considered socially and economically disadvantaged. | | **Women-Owned Business Enterprise (WBE**) - a business concern that is at least 51% owned by a woman or women who also control and operate it. “Control” in this context means exercising the power to make policy decisions. “Operate” in this context means being actively involved in the day-to-day management. |   I hereby certify under penalty of perjury under the laws of the State of California that I have read this certification and know the contents thereof, and that the business category indicated above reflects the true and correct status of the business. I understand that falsely certifying the status of this business, may result in suspension from participation in University of California business contracts for a period up to five (5) years and the imposition of any civil penalties allowed by law. | | | | | |
| INFORMATION FURNISHED BY: | |  | | | |
|  | | (Print or Type Name of Owner and/or Principal) | | | |
|  |  | | | | |
|  | (Name of Business or Firm) | | | | |
| a |  | | | | |
|  | (Insert type of business e.g. corporation, sole proprietorship, partnership, etc.) | | | | |
| By: |  | |  |  |  |
|  | (Print Name) | |  |  | (Title) |
|  |  | |  |  |  |
|  | (Signature) | |  |  | (Date) |