## **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. |
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| **PURPOSE OF DOCUMENT:** | Provides form for the Self-Certification of Contractors, Subcontractors, Designers, and Consultants. |
| **CROSS-REFERENCE TO FACILITIES MANUAL:** | None |
| **CONTENTS:** | Self-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 Agreeement (CMA) | ✓ | Master Architect Agreement (DB) |  |  |
| **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

SELF-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.

Indicate all Business category(ies) that apply by initialing next to the applicable category(ies):

 **Small Business Enterprise (SBE)** - an independently owned and operated concern certified, or certifiable, as small business by the Federal Small Business Administration (SBA). (Size standards by Standard Industrial Classification codes required by the Federal Acquisition Regulations, Section 19.102, may be found at [<http://www.sba.gov/content/table-small-business-size-standards>](http://www.sba.gov/content/table-small-business-size-standards).) The eligibility requirements for California contracting purposes is on the [Department of General Services website](http://www.dgs.ca.gov)at  [https://www.dgs.ca.gov/PD/Services/Page-Content/Procurement-Division-Services-List-Folder/Certify-or-Re-apply-as-Small-Business-Disabled-Veteran-Business-Enterprise](%20https%3A//www.dgs.ca.gov/PD/Services/Page-Content/Procurement-Division-Services-List-Folder/Certify-or-Re-apply-as-Small-Business-Disabled-Veteran-Business-Enterprise). The University may rely on written representation by the vendors regarding their status.

(Initial, if applicable)

 **Disabled Veteran Business Enterprise (DVBE)** - a business that is at least 51% owned by one or more disabled veterans 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. A Disabled Veteran is a veteran of the military, naval, or air service of the United States with a service connected disability who is a resident of the State of California. To qualify as a veteran with a service connected disability, the person must be currently declared by the United States Veterans Administration to be 10% or more disabled as a result of service in the armed forces.

(Initial, if applicable)

 **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.

(Initial, if applicable)

 **Women-Owned Business Enterprise (WBE**) - a business 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.

(Initial, if applicable)

 **None of the above categories apply.**

(Initial, if applicable)

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| 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 in accordance with Federal Small Business Administration criteria and Federal Acquisition Regulations, FAR 19 pertaining to small, disadvantaged, women-owned, and disabled veteran business enterprises. I understand that falsely certifying the status of this business, obstructing, impeding or otherwise inhibiting any University of California official who is attempting to verify the information on this form 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) |

PRIVACY NOTICE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University of California to provide the following information to individuals who are asked to supply personal information about themselves. Information furnished on the Self-Certification form may, in some cases, identify personal information of an individual.

* The University of California, , is requesting the information contained in this form and the accompanying Report of Subcontractor Information.
* The Small Business Outreach Program Manager at the University of California, , is responsible for maintaining the requested information. The contact information for the Small Business Outreach Program Manager may be found at: <http://www.ucop.edu/procurement-services/_files/sbdmgr.xlsx>
* The maintenance of information is authorized in part by Public Contract Code section 10500.5.
* Furnishing the information requested on this form is mandatory. If SBE, DBE, WBE and/or DVBE status is applicable, furnishing such information is mandatory.
* Failure to provide the information may be a violation of bidding procedures and/or breach of the contract and the University may pursue any and all remedies permitted by the provisions of the Contract Documents.
* The information on this form is collected for monitoring and reporting purposes in accordance with state law and University policy.
* The individual may access information contained in this form and related forms by contacting the Small Business Outreach Program Manager(s).