Exhibit C

CITY OF DALLAS

Small Business Center - Business Inclusion and Development

Contractor's Affidavit - Schedule of Work and Actual Payment (BID-FRM-213)

Project Name: _____ Bid/Contract #: _____

Instructions:

Column 1: List type of work to be performed by Prime and 1st tier subcontractors.

Column 2: City of Dallas Vendor Number for Prime and Subcontractors/Suppliers (If none, register online: www.bids.dallascityhall.org). ALL Prime and Subcontractors/Suppliers must be registered with the City of Dallas.

Column 3: List name of firm; M/WBE Certification Number (if applicable).

Column 4: List firm(s); contact name; address; telephone number.

Column 5: List ethnicity of firm(s) owner as B=African American; H=Hispanic; I=Asian Indian; N=Native American; P=Asian Pacific; W=Woman; NON=other than M/WBE.

Column 6: Indicate firm's location as L=local (within Dallas county limits); N=Non-local (Outside Dallas county limits).

Column 7: Indicate dollar amount of value of work for the Prime contractor, subcontractors, and suppliers.

Column 8: Indicate percentage of total contract amount.

Column 9: Indicate total payments to date.

Column 10: Indicate payments during current pay period.

Type of Work [1]	City of Dallas Vendor Number [2]	Name of Firm & M/WBE Certification (If Applicable) [3]	Contact Name Address, City, State, Zip & Tel. Number [4]	Type of Firm [5]	L or N [6]	Value of Work ($) [7]	Percent (%) [8]	Payments to Date ($) [9]	Payment this Period ($) [10]
							#VALUE!		
Notes:									
							#DIV/0!		
Notes:									
							#DIV/0!		
Notes:									
							#DIV/0!		
Notes:									
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Type of Work	City of Dallas Vendor Number	Name of Firm & M/WBE Certification (If Applicable)	Contact Name Address, City, State, Zip & Tel. Number	Type of Firm	L or N	Value of Work ($)	Percent (%)	Payments to Date ($)	Payment this Period ($)
							#DIV/0!		
Notes:									
							#DIV/0!		
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Notes:									
							#DIV/0!		
Notes:									
[Note: Totals and Percentages will automatically calculate.]				Total Bid Amount:		$ -	#VALUE!	$ -	$ -

The undersigned intends to enter into a formal agreement with the subcontractors listed, conditioned upon being awarded the City of Dallas contract. If any changes are made to this list, the Prime contractor must submit to the City for approval a revised schedule with documented explanations for the changes and the Change of M/WBE Subcontractor Form. Failure to comply with this provision could result in termination of the contract, sanctions against the Prime contractor, and/or ineligibility for future City contracts.

Officer's Signature: ______________________ Title: ______________________

Printed Name: ______________________ Date: ______________________

Company Name: ______________________

Exhibit C

CITY OF DALLAS

Small Business Center – Business Inclusion and Development

Subcontractor Intent Form (BID-FRM-214)

(Note: Please use the Tab button, mouse or arrows to move from one section to the next. *Please DO NOT use the "Enter" key.***)**

TO: City of Dallas DATE: _____

Small Business Center - Business Inclusion and Development

Project Name: _____ Bid # _____

_____ will provide the following

M/WBE Subcontractor on the project

good(s)/service(s): _____

_____

to _____ .

Prime Contractor on the project

MWBE subcontractor is currently certified by the following agency: _____

M/WBE Certification Number: # _____

Certification must be kept current / valid for the entire duration of this contract. Failure to comply with this provision could be subject to removal from contract.

For the purpose of M/WBE subcontracting participation, the City of Dallas does not include amounts paid to the prime by the sub-contractor.

Total Contract Amount for prime $ _____

MWBE/DBE Sub Participation Amount $ _____ % ___ WBCSW

___ NCTRCA

___ DFWMSDC

The undersigned intends to enter into a formal agreement with the subcontractor listed, conditioned upon being awarded the City of Dallas contract. The undersigned understands that, for the purpose of M/WBE subcontracting participation, any amounts paid to the prime from the sub contractor should not be included in the above listed participation amount. Finally, the prime contractor must submit a Change of M/WBE subcontractor/supplier form to the Business Inclusion and Development division for approval prior to any changes in the team make-up. Failure to comply with these provisions could result in termination of the contract, sanctions against the prime contractor, and/or ineligibility for future City contracts.

Officer's Signature (Prime Contractor)	Officer's Signature (M/WBE/DBE Subcontractor)
Printed Name (Prime Contractor)	Printed Name (M/WBE/DBE Subcontractor)
Title (Prime Contractor)	Title (M/WBE/DBE Subcontractor)
Date	Date

Please select or list all Chambers or Advocacy groups you are a member of:

	Prime	Sub		Prime	Sub
Greater Dallas Asian American Chamber of Commerce	☐	☐	Asian Contractors Association	☐	☐
Greater Dallas Black Chamber of Commerce	☐	☐	Regional Black Contractors Association	☐	☐
Greater Dallas Hispanic Chamber of Commerce	☐	☐	Regional Hispanic Contractors Association	☐	☐
U.S. Pan Asian American Chamber of Commerce	☐	☐			

Other _____

Exhibit C

CITY OF DALLAS
Small Business Center – Business Inclusion and Development
Business Inclusion and Development Documentation Form (BID-FRM-215)

(Note: Please use the Tab button, mouse or arrows to move from one section to the next. *Please DO NOT use the "Enter" key.***)**

Project Name **Bid #:**

_____

Firm Name and Address: _____

_____

1. **Did you meet with a staff member of the Small Business Center -- Business Inclusion and Development (BID)?**

   Please make a selection: **Name of staff member:** _____

2. **Did you utilize a current M/WBE directory provided by BID staff for this project?**

   Please make a selection: **Date of Listing:** _____

3. **Did you provide plans and specifications, bids or proposals to potential M/WBEs or information regarding the location of plans and specifications, bids, or proposals for this project?**

   Please make a selection:

4. **If M/WBE bids and proposals were received and rejected, you must attach documentation of the received bid and the reason for rejection. (i.e. letters, memos, telephone calls, meetings, etc.)**

5. **Complete the attached Documentation Form(s) to further explain good faith efforts to obtain M/WBE participation on this project. If there is written documentation of efforts with the M/WBEs who responded affirmatively to the bidder's written notice please attach documentation (i.e. quotes, or e-mails).**

Exhibit C

CITY OF DALLAS
Small Business Center – Business Inclusion and Development
Business Inclusion and Development Documentation Form (BID-FRM-215)

(Note: Please use the Tab button, arrows or mouse to move from one section to the next. *Please DO NOT use the "Enter" key.***)**

Project Name #: _____ **Bid #:** _____

Firm Name and M/WBE Certification Number	Person Contacted and Date	Telephone Number and Email Address	Type of Work	Method of Communication (Telephone/Email)	Response
		- -			
		- -			
		- -			
		- -			
		- -			
		- -			
		- -			

Please use the form(s) below if additional space is needed. **Intentional misrepresentation could result in criminal prosecution.**

Officer's Signature: _____ **Title:** _____ **Date:** _____

Printed Name: _____ **Date:** _____

Exhibit C

CITY OF DALLAS
Small Business Center – Business Inclusion and Development
Business Inclusion and Development Documentation Form (BID-FRM-215)

(Note: Please use the Tab button, arrows or mouse to move from one section to the next. *Please DO NOT use the "Enter" key.***)**

Project Name & Bid/Contract #: _____ **#:** _____

Firm Name and M/WBE Certification Number	Person Contacted and Date	Telephone Number and Email Address	Type of Work	Method of Communication (Telephone/Email)	Response
		- -			
		- -			
		- -			
		- -			
		- -			
		- -			
		- -			

Please use the form below if additional space is needed. **Intentional misrepresentation could result in criminal prosecution.**

Officer's Signature: _____ **Title:** _____ **Date:** _____

Printed Name: _____ **Date:** _____

Exhibit C

CITY OF DALLAS
Small Business Center – Business Inclusion and Development
Ethnic Workforce Composition Report (BID-FRM-627)

(Note: Please use the Tab button, mouse or arrows to move from one section to the next. *Please DO NOT use the "Enter" key.*)

Company name: _____

Address: _____

Bid #: _____

Telephone Number: - - Ext. _____

Email Address: _____

Please complete the following sections based on the ethnic composition of the (location) entity in the address line above.

Employee Classification	Total No. Employees		White		Black		Hispanic		Other	
	Male	Female	M	F	M	F	M	F	M	F
Administrative/ Managerial										
Professional										
Technical										
Office/Clerical										
Skilled										
Semiskilled										
Unskilled										
Seasonal										
Totals:										
# of employees living in Dallas:										
Total % of employees living in Dallas										

Officer's Signature _____ **Title** _____

Typed or Printed Name _____ **Date** _____