

Hennepin County Purchasing & Contract Services (PCS) Subcontractor Participation Form

Prime Contractor/Supplier Subcontractor/Supplier
(Check One)

Project Number: _____ Contract Number: _____
 Project Name: _____ Email: _____
 Company Name: _____ Contact Person: _____
 Federal Tax ID No. _____ Phone Number: _____
 Fax Number: _____ Certified SBE Non SBE
 Contract SBE Goal: _____% Total SBE Participation: _____%
 Total Dollar Amount (Initial NTE) of Contract: _____
 Total Dollar Amount of Work Self-Performed: _____

(If the entire contract sum will be performed by the contractor or subcontractor listed above, you may stop here after signing and dating this form on page 3.)

JOINT VENTURE PARTNER, (IF ANY): _____ Certified SBE Non-SBE
 Address: _____ City, State, Zip: _____
 Phone Number: _____ Fax Number: _____
 Federal Tax ID No. _____
 Services or Supplies Provided: _____
 Dollar Amount of their Contract: _____ % of Joint Venture's Based Bid: _____

LIST ALL SUBCONTRACTORS/SUPPLIERS AND THE DOLLAR VALUE OF THEIR CONTRACTS

Contact Person: _____ Certified SBE Non-SBE
 Firm Name: _____ Email: _____
 Address: _____ City, State, Zip: _____
 Phone Number: _____ Fax Number: _____
 Services or Supplies Provided: _____
 Federal Tax ID No. _____ Dollar Amount of their Contract: _____

Contact Person: _____ Certified SBE Non-SBE
 Firm Name: _____ Email: _____
 Address: _____ City, State, Zip: _____
 Phone Number: _____ Fax Number: _____
 Services or Supplies Provided: _____
 Federal Tax ID No. _____ Dollar Amount of their Contract: _____

Contact Person: _____ Certified SBE Non-SBE
 Firm Name: _____ Email: _____
 Address: _____ City, State, Zip: _____
 Phone Number: _____ Fax Number: _____
 Services or Supplies Provided: _____
 Federal Tax ID No. _____ Dollar Amount of their Contract: _____

Contact Person: _____ Certified SBE Non-SBE
 Firm Name: _____ Email: _____
 Address: _____ City, State, Zip: _____
 Phone Number: _____ Fax Number: _____
 Services or Supplies Provided: _____
 Federal Tax ID No. _____ Dollar Amount of their Contract: _____

Contact Person: _____ Certified SBE Non-SBE
Firm Name: _____ Email: _____
Address: _____ City, State, Zip: _____
Phone Number: _____ Fax Number: _____
Services or Supplies Provided: _____
Federal Tax ID No. _____ Dollar Amount of their Contract: _____

Contact Person: _____ Certified SBE Non-SBE
Firm Name: _____ Email: _____
Address: _____ City, State, Zip: _____
Phone Number: _____ Fax Number: _____
Services or Supplies Provided: _____
Federal Tax ID No. _____ Dollar Amount of their Contract: _____

Contact Person: _____ Certified SBE Non-SBE
Firm Name: _____ Email: _____
Address: _____ City, State, Zip: _____
Phone Number: _____ Fax Number: _____
Services or Supplies Provided: _____
Federal Tax ID No. _____ Dollar Amount of their Contract: _____

Contact Person: _____ Certified SBE Non-SBE
Firm Name: _____ Email: _____
Address: _____ City, State, Zip: _____
Phone Number: _____ Fax Number: _____
Services or Supplies Provided: _____
Federal Tax ID No. _____ Dollar Amount of their Contract: _____

Contact Person: _____ Certified SBE Non-SBE
Firm Name: _____ Email: _____
Address: _____ City, State, Zip: _____
Phone Number: _____ Fax Number: _____
Services or Supplies Provided: _____
Federal Tax ID No. _____ Dollar Amount of their Contract: _____

Contact Person: _____ Certified SBE Non-SBE
Firm Name: _____ Email: _____
Address: _____ City, State, Zip: _____
Phone Number: _____ Fax Number: _____
Services or Supplies Provided: _____
Federal Tax ID No. _____ Dollar Amount of their Contract: _____

Contact Person: _____ Certified SBE Non-SBE
Firm Name: _____ Email: _____
Address: _____ City, State, Zip: _____
Phone Number: _____ Fax Number: _____
Services or Supplies Provided: _____
Federal Tax ID No. _____ Dollar Amount of their Contract: _____

**CONTRACTOR OWNERSHIP
AFFIRMATIVE ACTION (AA) CLASSIFICATION**

<i>I. BUSINESS STRUCTURE</i>	<i>II. ETHNICITY & GENDER</i>	<i>III. CERTIFIED SMALL BUSINESS</i>
<p>If you check one of the options below, Columns II and III are not applicable, so you may stop here. If none of the options below applies to your business, please go to Column II.</p> <p><input type="checkbox"/> <u>Publicly-Held Company</u> (M11)*</p> <p><input type="checkbox"/> <u>Non-Profit Entity</u> (M13)</p> <p><input type="checkbox"/> <u>Government Entity</u> (GOV)</p> <p>*Stock is traded on the open market.</p>	<p>Base your response below on the (majority) owner's gender & ethnicity. (See details below.)¹ If you are a Certified Small Business, please skip this column and complete Column III.</p> <p><u>Black/African American</u></p> <p><input type="checkbox"/> Male (M23) <input type="checkbox"/> Female (M33)</p> <p><u>Hispanic</u></p> <p><input type="checkbox"/> Male (M24) <input type="checkbox"/> Female (M34)</p> <p><u>Asian or Pacific Islander</u></p> <p><input type="checkbox"/> Male (M25) <input type="checkbox"/> Female (M35)</p> <p><u>American Indian or Alaskan Native</u></p> <p><input type="checkbox"/> Male (M26) <input type="checkbox"/> Female (M36)</p> <p><u>White/Caucasian</u></p> <p><input type="checkbox"/> Male (M22) <input type="checkbox"/> Female (M17)</p>	<p>Hennepin County, in collaboration with other jurisdictions, certifies eligible small businesses. (See details below.)²</p> <p><u>Black/African American</u></p> <p><input type="checkbox"/> Male (S23) <input type="checkbox"/> Female (S33)</p> <p><u>Hispanic</u></p> <p><input type="checkbox"/> Male (S24) <input type="checkbox"/> Female (S34)</p> <p><u>Asian or Pacific Islander</u></p> <p><input type="checkbox"/> Male (S25) <input type="checkbox"/> Female (S35)</p> <p><u>American Indian or Alaskan Native</u></p> <p><input type="checkbox"/> Male (S26) <input type="checkbox"/> Female (S36)</p> <p><u>White/Caucasian</u></p> <p><input type="checkbox"/> Male (S22) <input type="checkbox"/> Female (S17)</p>

¹ **Black/African American:** All persons having origins in any of the Black racial groups of Africa.
Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American descent or other Spanish culture or origin, regardless of race.
Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands, including, for example, China, Japan, Korea, Hawaii, Guam, the Philippine Islands and Samoa.
American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain tribal affiliation or community attachment.
White/Caucasian: All persons with origins in any of the original peoples of Europe, North Africa or the Middle East.

² While certification is not necessary to do business with Hennepin County, only certified businesses can be counted toward the goal for Small Business Enterprise (SBE) participation in county contracting. Certification also boosts market exposure and qualifies businesses to access SBE Program Services. For further information about certification, please call (651) 266-8900 or visit the Central Certification Program's web site at: www.govcontracts.org.

Total Dollar Amount of Work Subcontracted to SBE Subcontractors/Suppliers \$ _____

Total Dollar Amount of Work Subcontracted to Non-SBE Subcontractors/Suppliers \$ _____

Total Dollar Amount of Work Self-Performed \$ _____

Total Bid/Contract \$ _____

Signature(s): _____ Date: _____

Print Name: _____ Title: _____

(President/Authorized Representative)

**If you have questions or need assistance, please call Angie Kirkpatrick at (612) 348-2528.
This report must be completed, signed by an authorized representative of the company, and submitted to:
Hennepin County Purchasing/Contract Services, Small Business Enterprise Program, A-1705 Government Center,
300 South Sixth Street, Minneapolis, MN 55487-0175.**