

Request for Proposals Bulletin _____
 Project _____

AFFIRMATIVE ACTION CERTIFICATION FOR MBE/WBE/IVBE

I hereby certify that my company intends to affirmatively seek out and consider certified Minority Business Enterprises (MBEs), Woman Business Enterprises (WBEs) and Indiana Veteran Business Enterprises (IVBEs) to participate as part of this proposal. I acknowledge that this certification is to be made an integral part of this proposal. I understand and agree that the submission of a blank certification may cause the proposal to be rejected. I understand and agree that I must meet, or make good faith efforts to meet each of the goals. If a firm is certified as both a WBE and an MBE, I understand that the firm may only be used to fulfill either the MBE goal or the WBE goal, but not both. I certify that I have consulted the following website to confirm that the MBE/WBE firms listed below are currently certified MBEs and WBEs: <http://www.in.gov/idoa/mwbe/2743.htm> and that I have consulted the following IVBE website to confirm that the IVBE firms listed are currently certified <http://www.in.gov/idoa/2862.htm> . I certify that contact has been made with the certified firms listed below, and if my company becomes the CONSULTANT, the certified firms have tentatively agreed to perform the services as indicated. I understand that neither my company nor I will be penalized for MBE/WBE or IVBE utilization anticipated over the goal. After contract award, any change to the firms listed in this Affirmative Action Certification to be applied toward the goals must have prior approval by the Indiana Department of Administration.

SUBCONSULTANTS

MBE SUBCONSULTANTS TO BE APPLIED TOWARD GOAL

Certified MBE Name(s)	Service Planned	Estimated percentage to be paid to MBE*

MBE SUBCONSULTANTS TO BE USED BEYOND GOAL

Certified MBE Name(s)	Service Planned	Estimated percentage to be paid to MBE*

WBE SUBCONSULTANTS TO BE APPLIED TOWARD GOAL

Certified WBE Name(s)	Service Planned	Estimated percentage to be paid to WBE*

WBE SUBCONSULTANTS TO BE USED BEYOND GOAL

Certified WBE Name(s)	Service Planned	Estimated percentage to be paid to WBE*

IVBE SUBCONSULTANTS TO BE APPLIED TOWARD GOAL

Certified IVBE Name(s)	Service Planned	Estimated percentage to be paid to IVBE*

IVBE SUBCONSULTANTS TO BE USED BEYOND GOAL

Certified IVBE Name(s)	Service Planned	Estimated percentage to be paid to IVBE*

Estimated Total Percentage Credited toward MBE Goal: _____

Estimated Percentage of Voluntary MBE Work Anticipated over MBE Goal: _____

Estimated Total Percentage Credited toward WBE Goal: _____

Estimated Percentage of Voluntary WBE Work Anticipated over MBE Goal: _____

Estimated Total Percentage Credited toward IVBE Goal: _____

Estimated Percentage of Voluntary IVBE Work Anticipated over MBE Goal: _____

Name of Company: _____

By: _____ Date: _____

*It is understood that these individual firm percentages are estimates only and that percentages paid may be greater or less as a result of negotiation of the contract scope of work.