



**DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH
CONTRACTS AND PROCUREMENT SERVICES**

May 15, 2013

**REQUEST FOR PROPOSALS (RFP)
FOR CONSUMER FOCUSED ACTIVITY CENTER
RM-14-RFP-004-BY4-MA SOLICITATION AMENDMENT NUMBER TWO (2)**

TO PROSPECTIVE OFFERORS:

THE DEPARTMENT OF MENTAL HEALTH (DMH) REQUEST FOR PROPOSAL (RFP) SOLICITATION RM-14-RFP-004-BY4-MA HAS BEEN AMENDED TO REFLECT THE FOLLOWING:

Question No.	RFP Section	Question/Comment
1	Section B.4	SCHEDULE B PRICING PAGES 4-8.

DMH RESPONSE:

Postage fee in the amount of Forty Dollars and Zero Cents (**\$40.00**) has been removed in (CLIN) Number 008 on pages 4-8 for Base Year and Option Years. **PLEASE REFER TO ATTACHMENT # 1**

Question No.	RFP Section	Question/Comment
2	Section C.5.2	SCHEDULE C.5 DELIVERABLES PAGE 12.

DMH RESPONSE:

DMH has a need for our Community Peer Leaders Executive Directors to share their skills/knowledge/expertise with individuals who are aspiring to become Certified Peer Specialists while acting as Role Models. This is approximately one class per year (90 minutes) to teach a class for the DMH Peer Specialist Certification Training.

Question No.	RFP Section	Question/Comment
3	Section F.1.1	SCHEDULE F.1 TERM OF CONTRACT PAGE 23.

DMH RESPONSE:

The District contemplates awarding a Fixed Unit Price Contract.

Question No.	RFP Section	Question/Comment
4	Section G.2.1	SCHEDULE G.2 TYPE OF CONTRACT PAGE 25.

DMH RESPONSE:

This is a Fixed Unit Price Contract for Consumer Focused Activity Center. The Contractor shall be remunerated according to Schedule B Price Sheet. In the event of termination under this Contract, the DMH shall only be liable for the payment of all services accepted during the hours of work actually performed. Pursuant to the Terms and Conditions, of this contract individuals working under this contract for Department of Mental Health (DMH) are not eligible to be paid for holidays and sick leave. However, if you work on a Holiday, you shall be paid at your regular hourly rate.

Question No.	RFP Section	Question/Comment
5	Section G.6.1 –G.6.11	SCHEDULE G SUBMISSION/CERTIFICATION OF INVOICES PAYMENTS PAGE 26.
<p>DMH RESPONSE: SUBMISSION OF INVOICES AS PREVIOUSLY STATED IN THIS SOLICITATION HAS BEEN AMENDED AND REPLACED WITH THE FOLLOWING:</p> <p>The Contractor shall submit, on a monthly basis, One (1) original and Three (3) copies of each invoice for payment to</p> <p style="text-align: center;">Ms. Catrina Griggs, Accounts Payable Supervisor 64 New York Avenue, NE, 4th Floor Washington, DC 20002 Direct (202)-671-4270; Fax (202)-671.4201 Email Catrina.Griggs@dc.gov or dmh.ap@dc.gov</p> <p>The invoice shall then be forwarded by the Accounts Payable Office to the COTR. The invoices shall include the Contractor’s name and address, invoice date, Contract number, Contract line items numbers (CLINS), description of the services, quantity, unit price and extended prices, terms of any prompt payment discounts offered, name and address of the official to whom payment is to be sent and the name, title and phone number of the person to be notified in the event of a defective invoice. Payment shall be made within Thirty (30) days after the Accounts Payable Office receives a proper and certified invoice, unless a discount for prompt payment is offered and payment is made within the discount periods. Please note that the invoice shall match the itemized lines (CLIN Lines) of the Purchase Order as written up to but not exceeding the maximum of each line. Any invoices deemed improper for payment shall be returned <u>UNPAID</u> and shall be corrected and resubmitted as indicated in this clause.</p>		

Question No.	RFP Section	Question/Comment
6	Section H.9.1 – H.9.5.3 Section H.10	SCHEDULE H SUBCONTRACTING REQUIREMENTS PAGES 39-41
<p>DMH RESPONSE: The attached requirements are part of the advertised Solicitation; the purpose of this Amendment is to stress the importance, for contracts over \$250,000.00 in cost, to comply with the requirements to subcontract or to obtain a waiver from the Department of Small and Local Business Development.</p> <p>ATTACHMENT # 2 contains the Contract Clauses referenced above, ATTACHMENT # 3 contains the Subcontracting Plan Form (it may also be found in www.ocp.dc.gov, under “Solicitation Attachments”</p>		

Question No.	RFP Section	Question/Comment	
7	Section M.2.1	SCHEDULE M.2 TECHNICAL RATING PAGE 68.	
DMH RESPONSE:			
M.2.1 The Technical Rating Scale of this solicitation has been amended and replaced with the following:			
	<u>Numeric Rating</u>	<u>Adjective</u>	<u>Description</u>
	5	Excellent	Exceeds most, if not all requirements; no deficiencies.
	4	Good	Meets requirements and exceeds some requirements; no deficiencies.
	3	Acceptable	Meets requirements; no deficiencies.
	2	Minimally Acceptable	Marginally meets minimum requirements; minor deficiencies which may be correctable.
	1	Poor	Marginally meets minimum requirements; major deficiencies which may be correctable.

THE DISTRICT SHALL FURNISH RESPONSES TO ANY QUESTIONS SUBMITTED IN WRITING TO ALL PROSPECTIVE OFFERORS BY ISSUING ANOTHER ADMENDMENT TO THIS SOLICITATION IF NECESSARY.

Signed:


Samuel J. Feinberg, CPPO, CPPB
Director, Contracts and Procurement
Agency Chief Contracting Officer

Amendment Number Two (2) is hereby acknowledged and is considered a part of the RFP for Solicitation Number: **RM-14-RFP-004-BY4-MA**. **All Correspondence or inquiries related to this Solicitation or any modifications shall be addressed to:**

Samuel J. Feinberg, CPPO, CPPB, Agency Chief Contracting Officer
Director of Contracts and Procurement Services
64 New York Avenue, NE – 2nd Floor Washington, DC 20002
(202) 671-3188 Office; (202) 671-3395; Fax; Email: Samuel.Feinberg@dc.gov

Print or Type Name of Bidder

Title of Authorized Representative

Signature of Authorized Representative

Date

ATTACHMENT # 1

B.4: SCHEDULE B PRICING: SUPPLIES, SERVICES AND PRICE/COSTS

BASE YEAR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	The Contractor shall provide all resources to perform the services in accordance to the Scope of Work:				
0001	Executive Director Salary	12	Months	\$ _____	\$ _____
0002	Receptionist	12	Months	\$ _____	\$ _____
0003	Peer Specialist	12	Months	\$ _____	\$ _____
0004	Occupancy	12	Months	\$ _____	\$ _____
0005	Staff Development	4	Month	\$ _____	\$ _____
0006	Office Supplies	12	Each	\$ _____	\$ _____
0007	Conferences and Travel	12	Each	\$ _____	\$ _____
0008	Postage (Per Quarter)	4	Quarter	\$ _____	\$ _____
0009	Overhead	12	Month	\$ _____	\$ _____
	_____				\$ _____
	Print Name				NOT TO EXCEED

	Title				

	Signature				

	Date				

B.4: SCHEDULE B PRICING: SUPPLIES, SERVICES AND PRICE/COSTS

OPTION YEAR ONE (1)

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	The Contractor shall provide all resources to perform the services in accordance to the Scope of Work:				
0001	Executive Director Salary	12	Months	\$ _____	\$ _____
0002	Receptionist	12	Months	\$ _____	\$ _____
0003	Peer Specialist	12	Months	\$ _____	\$ _____
0004	Occupancy	12	Months	\$ _____	\$ _____
0005	Staff Development	4	Month	\$ _____	\$ _____
0006	Office Supplies	12	Each	\$ _____	\$ _____
0007	Conferences and Travel	12	Each	\$ _____	\$ _____
0008	Postage (Per Quarter)	4	Quarter	\$ _____	\$ _____
0009	Overhead	12	Month	\$ _____	\$ _____
	_____				\$ _____
	Print Name				NOT TO EXCEED

	Title				

	Signature				

	Date				

B.4: SCHEDULE B PRICING: SUPPLIES, SERVICES AND PRICE/COSTS

OPTION YEAR TWO (2)

ITEM NO.	SUPPLIES/SERVICES	QUANTIT Y	UNIT	UNIT PRICE	AMOUNT
	The Contractor shall provide all resources to perform the services in accordance to the Scope of Work:				
0001	Executive Director Salary	12	Months	\$ _____	\$ _____
0002	Receptionist	12	Months	\$ _____	\$ _____
0003	Peer Specialist	12	Months	\$ _____	\$ _____
0004	Occupancy	12	Months	\$ _____	\$ _____
0005	Staff Development	4	Month	\$ _____	\$ _____
0006	Office Supplies	12	Each	\$ _____	\$ _____
0007	Conferences and Travel	12	Each	\$ _____	\$ _____
0008	Postage (Per Quarter)	4	Quarter	\$ _____	\$ _____
0009	Overhead	12	Month	\$ _____	\$ _____
	_____ Print Name				NOT TO EXCEED
	_____ Title				
	_____ Signature				
	_____ Date				

B.4: SCHEDULE B PRICING: SUPPLIES, SERVICES AND PRICE/COSTS

OPTION YEAR THREE (3)

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	The Contractor shall provide all resources to perform the services in accordance to the Scope of Work:				
0001	Executive Director Salary	12	Months	\$ _____	\$ _____
0002	Receptionist	12	Months	\$ _____	\$ _____
0003	Peer Specialist	12	Months	\$ _____	\$ _____
0004	Occupancy	12	Months	\$ _____	\$ _____
0005	Staff Development	4	Month	\$ _____	\$ _____
0006	Office Supplies	12	Each	\$ _____	\$ _____
0007	Conferences and Travel	12	Each	\$ _____	\$ _____
0008	Postage (Per Quarter)	4	Quarter	\$ _____	\$ _____
0009	Overhead	12	Month	\$ _____	\$ _____
	_____				\$ _____
	Print Name				NOT TO EXCEED

	Title				

	Signature				

	Date				

B.4: SCHEDULE B PRICING: SUPPLIES, SERVICES AND PRICE/COSTS

OPTION YEAR FOUR (4)

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	The Contractor shall provide all resources to perform the services in accordance to the Scope of Work:				
0001	Executive Director Salary	12	Months	\$ _____	\$ _____
0002	Receptionist	12	Months	\$ _____	\$ _____
0003	Peer Specialist	12	Months	\$ _____	\$ _____
0004	Occupancy	12	Months	\$ _____	\$ _____
0005	Staff Development	4	Month	\$ _____	\$ _____
0006	Office Supplies	12	Each	\$ _____	\$ _____
0007	Conferences and Travel	12	Each	\$ _____	\$ _____
0008	Postage (Per Quarter)	4	Each	\$ _____	\$ _____
0009	Overhead	12	Month	\$ _____	\$ _____
	_____				\$ _____
	Print Name				NOT TO EXCEED
	Title				
	Signature				
	Date				

END OF SECTION B

ATTACHMENT # 2

payment to DOES. The Contractor may appeal to the D.C. Contract Appeals Board as provided in this contract any decision of the Director/ACCO pursuant to this section H.8.8.

H.8.9 The provisions of sections H.7.4 through H.8.8 do not apply to nonprofit organizations.

H.9 SUBCONTRACTING REQUIREMENTS

H.9.1 Mandatory Subcontracting Requirements

H.9.1.1 A Prospective Offeror responding to this solicitation must submit with its proposal, a notarized statement detailing any subcontracting plan required by law. Proposals responding to this RFP shall be deemed nonresponsive and shall be rejected if the Offeror Fails to submit a subcontracting plan that is required by law. For contracts in excess of \$250,000, at least 35% of the dollar volume of the contract shall be subcontracted in accordance with section H.9.1.

H.9.1.2 If there are insufficient qualified small business enterprises to completely fulfill the requirement of paragraph H.9.1.1, then the subcontracting may be satisfied by subcontracting 35% of the dollar volume to any certified business enterprises; provided, however, that all reasonable efforts shall be made to ensure that qualified small business enterprises are significant participants in the overall subcontracting work.

H.9.1.3 A prime contractor which is certified as a Small, Local or Disadvantaged Business Enterprise shall not be required to comply with the provisions of sections H.9.1.1 and H.9.1.2.

H.9.1.4 Department of Small and Local Business Development
ATTN: CBE Certification Program
441 Fourth Street, NW, Suite 970 North
Washington DC 20001
Office (202) 727-3900 Fax (202) 724-3786
Email dslbd@dc.gov
Website <http://dslbd.dc.gov>

H.9.2 Subcontracting Plan

If the prime contractor is required by law to subcontract under this contract, it must subcontract at least 35% of the dollar volume of this contract in accordance with the provisions of section H.9.1. The prime contractor responding to this solicitation which is required to subcontract shall be required to submit with its proposal, a notarized statement detailing its subcontracting plan. Proposals responding to this RFP shall be deemed nonresponsive and shall be rejected if the offeror is required to subcontract, but fails to submit a subcontracting plan with its proposal. Once the plan is approved by the CO, changes to the plan will only occur with the prior written approval of the CO and the Director of DSLBD. Each subcontracting plan shall include the following:

H.9.2.1 Description of the goods and services to be provided by SBEs or, if insufficient qualified SBEs are available, by any certified business enterprises;

- H.9.2.2 Statement of the dollar value of the bid that pertains to the subcontracts to be performed by the SBEs or, if insufficient qualified SBEs is available, by any certified business enterprises;
- H.9.2.3 Names and addresses of all proposed subcontractors who are SBEs or, if insufficient SBEs are available, who are certified business enterprises;
- H.9.2.4 Name of the individual employed by the prime contractor who will administer the subcontracting plan, and a description of the duties of the individual;
- H.9.2.5 Description of the efforts the prime contractor will make to ensure that SBEs, or, if insufficient SBEs are available, that certified business enterprises will have an equitable opportunity to compete for subcontracts;
- H.9.2.6 In all subcontracts that offer further subcontracting opportunities, assurances that the Prime Contractor shall include a statement, approved by the Director/ACCO, that the subcontractor shall adopt a subcontracting plan similar to the subcontracting plan required by the contract;
- H.9.2.7 Assurances that the prime contractor shall cooperate in any studies or surveys that may be required by the contracting officer, and submit periodic reports, as requested by the contracting officer, to allow the District to determine the extent of compliance by the prime contractor with the subcontracting plan;
- H.9.2.8 List of the type of records the prime contractor shall maintain to demonstrate procedures adopted to comply with the requirements set forth in the subcontracting plan and assurances that the prime contractor will make such records available for review upon the District's request; and
- H.9.2.9 Description of the prime contractor's recent effort to locate SBEs or, if insufficient SBEs are available, certified business enterprises and to award subcontracts to them.

H.9.3 Subcontracting Plan Compliance Reporting.

If the Contractor has an approved subcontracting plan required by law under this contract, the Contractor shall submit to the Director/ACCO and the Director of DSLBD, no later than the 21st of each month following execution of the contract, a Subcontracting Plan Compliance Report to verify its compliance with the subcontracting requirements for the preceding month. The monthly subcontracting plan compliance report shall include the following information:

- H.9.3.1 The dollar amount of the Contract or Procurement;
- H.9.3.2 Brief description of the goods procured or the services contracted for;
- H.9.3.3 Name of the business enterprise from which the goods were procured or services contracted;
- H.9.3.4 Whether the subcontractors to the contract are currently certified business enterprises;

- H.9.3.5 Dollar percentage of the contract awarded to SBEs, or if insufficient SBEs, to other certified business enterprises;
- H.9.3.6 Description of the activities the Contractor engaged in, in order to achieve the subcontracting requirements set forth in its plan; and
- H.9.3.7 Description of any changes to the activities the Contractor intends to make by the next month to achieve the requirements set forth in its plan.
- H.9.4 Subcontractor Standards
- H.9.4.1 Prime Contractor shall ensure that subcontractors meet the criteria for responsibility described in D.C. Official Code § 2-353.01.
- H.9.5 Enforcement and Penalties for Breach of Subcontracting Plan
- H.9.5.1 If during the performance of this contract, the Contractor fails to comply with its approved subcontracting plan, and the Director/ACCO determines the Contractor's failure to be a material breach of the contract, the Director/ACCO shall have cause to terminate the contract under the default clause of the Standard Contract Provisions.
- H.9.5.2 There shall be a rebuttable presumption that a contractor willfully breached its approved subcontracting plan if the contractor (i) fails to submit any required monitoring or compliance report; or (ii) submits a monitoring or compliance report with the intent to defraud.
- H.9.5.3 A Contractor that is found to have willfully breached its approved subcontracting plan for utilization of certified business enterprises in the performance of a contract shall be subject to the imposition of penalties, including monetary fines of \$15,000 or 5% of the total amount of the work that the contractor was to subcontract to certified business enterprises, whichever is greater, for each such breach.

H.10 PROCUREMENT PRACTICES REFORM ACT (PPRA) 2010

- H.10.1 <http://ocp.dc.gov/DC/OCP/e-Library/Procurement+Practices+Reform+Act+of+2010>

The purpose of the following information being provided is to help prospective bidder/offeror who has a need to fulfill a 35% CBE utilization requirement based upon the Total Value exceeding \$250,000.00 for a given project, to search for responsible subcontractors. Click on the following link below, and on the left side of page, select "doing Business in the District of Columbia." scroll down list, select "Request for CBE Firms Listing," this shall take bidders/offerors to a form (see attached) to complete and submit on line to begin a search. Request may take up to 24-72 hours depending on the scope of work categories needed. Subcontracting information may also be obtained from the above link for the Bidder/Offeror Certification Form. <http://dslbd.dc.gov>

ATTACHMENT # 3

SUBCONTRACTING PLAN

PRIME CONTRACTOR INFORMATION:

Company: _____ Street Address: _____ City & Zip Code: : _____ Phone Number: _____ Fax: _____ Email Address: _____	Solicitation Number: _____ Contractor's Tax ID Number: _____ Caption of Plan: _____ _____ _____
Project Name: _____ Address: _____ _____ Project Descriptions: _____ _____ _____	Duration of the Plan: From _____ to _____ Total Prime Contract Value: \$ _____ Amount of Contract (excluding the cost of materials, goods, supplies and equipment) \$ _____ Amount of all Subcontracts: \$ _____ LSDBE Total: \$ _____ equals _____% <div style="display: flex; justify-content: space-around; width: 100%;"> LSDBE Subcontract Value Percentage Set Aside </div>

(List each subcontractor at any tier that will be awarded a subcontract to meet your total set aside goal.)

SUBCONTRACTOR INFORMATION: (use continuation sheet for additional subcontracts)

Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work						
Total Amount Set Aside: \$ _____ Percentage of Total Set Aside Amount : _____% Tier: : _____ <div style="text-align: center; margin-left: 100px;">1st, 2nd, 3rd</div> LSDBE Certification Number: _____ Certification Status: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">SBE:</td> <td style="padding: 2px;">LBE:</td> <td style="padding: 2px;">DBE:</td> <td style="padding: 2px;">DZE:</td> <td style="padding: 2px;">ROB:</td> <td style="padding: 2px;">LRB:</td> </tr> </table> (check all that apply)			SBE:	LBE:	DBE:	DZE:	ROB:	LRB:	Point of Contact: _____ <div style="text-align: right; margin-left: 100px;">Name (Print)</div> Contact Telephone Number: _____ Fax Number: _____ Email Address: _____	
SBE:	LBE:	DBE:	DZE:	ROB:	LRB:					

CERTIFICATIONS

The prime contractor shall attach a **notarized** statement including the following:

- a. A **description of the efforts** the prime contractor will make to ensure that LBEs, DBEs, ROB, SBEs, LRBs, or DZEs will have an equitable opportunity to compete for subcontracts;
- b. In all subcontracts that offer **further subcontracting opportunities**, assurances that the prime contractor will include a statement, approved by the contracting officer, that the subcontractor will adopt a subcontracting plan similar to the subcontracting plan required by the contract;
- c. **Assurances** that the prime contractor will cooperate in any studies or surveys that may be required by the contracting officer, and submit periodic reports, as requested by the contracting officer, to allow the District to determine the extent of **compliance** by the prime contractor with the subcontracting plan;
- d. Listing of the type of **records** the prime contractor will maintain to demonstrate procedures adopted to comply with the requirements set forth in the subcontracting plan, and include assurances that the prime contractor will make such records available for review upon the District's request; and
- e. A description of the prime contractor's recent **efforts to locate LBEs, DBEs, SBEs, DZEs, LRBs, and ROB, and to award subcontracts to them.**

PERSON PREPARING THE SUBCONTRACTING PLAN:

Name: _____ <div style="text-align: right; margin-left: 100px;">(Print)</div> Telephone Number: () _____ - _____ Fax Number: () _____ - _____ Email Address: _____	Signature: _____ Title: _____ Date: _____
---	---

FOR CONTRACTING OFFICER USE ONLY

Date Plan Received by Contracting Officer: _____		
Report: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable	Contract Number: _____	
Name & Title of Contracting Officer	Signature	Date

(List each subcontractor that will be awarded a subcontract to meet your total set aside goal.)

SUBCONTRACTOR INFORMATION: (use continuation sheet for additional subcontracts)										
Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work						
Total Amount Set Aside: \$ _____ Percentage of Total Set Aside Amount : _____ % Tier: : _____ <small>1st, 2nd, 3rd</small> LSDBE Certification Number: _____ Certification Status: (check all that apply) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>SBE:</td> <td>LBE:</td> <td>DBE:</td> <td>DZE:</td> <td>ROB:</td> <td>LRB:</td> </tr> </table>			SBE:	LBE:	DBE:	DZE:	ROB:	LRB:	Point of Contact: _____ <small>Name (Print)</small> Contact Telephone Number: _____ Fax Number: _____ Email Address: _____	
SBE:	LBE:	DBE:	DZE:	ROB:	LRB:					
SUBCONTRACTOR INFORMATION:										
Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work						
Total Amount Set Aside: \$ _____ Percentage of Total Set Aside Amount : _____ % Tier: : _____ <small>1st, 2nd, 3rd</small> LSDBE Certification Number: _____ Certification Status: (check all that apply) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>SBE:</td> <td>LBE:</td> <td>DBE:</td> <td>DZE:</td> <td>ROB:</td> <td>LRB:</td> </tr> </table>			SBE:	LBE:	DBE:	DZE:	ROB:	LRB:	Point of Contact: _____ <small>Name (Print)</small> Contact Telephone Number: _____ Fax Number: _____ Email Address: _____	
SBE:	LBE:	DBE:	DZE:	ROB:	LRB:					
SUBCONTRACTOR INFORMATION:										
Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work						
Total Amount Set Aside: \$ _____ Percentage of Total Set Aside Amount : _____ % Tier: : _____ <small>1st, 2nd, 3rd</small> LSDBE Certification Number: _____ Certification Status: (check all that apply) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>SBE:</td> <td>LBE:</td> <td>DBE:</td> <td>DZE:</td> <td>ROB:</td> <td>LRB:</td> </tr> </table>			SBE:	LBE:	DBE:	DZE:	ROB:	LRB:	Point of Contact: _____ <small>Name (Print)</small> Contact Telephone Number: _____ Fax Number: _____ Email Address: _____	
SBE:	LBE:	DBE:	DZE:	ROB:	LRB:					
SUBCONTRACTOR INFORMATION:										
Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work						
Total Amount Set Aside: \$ _____ Percentage of Total Set Aside Amount : _____ % Tier: : _____ <small>1st, 2nd, 3rd</small> LSDBE Certification Number: _____ Certification Status: (check all that apply) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>SBE:</td> <td>LBE:</td> <td>DBE:</td> <td>DZE:</td> <td>ROB:</td> <td>LRB:</td> </tr> </table>			SBE:	LBE:	DBE:	DZE:	ROB:	LRB:	Point of Contact: _____ <small>Name (Print)</small> Contact Telephone Number: _____ Fax Number: _____ Email Address: _____	
SBE:	LBE:	DBE:	DZE:	ROB:	LRB:					
SUBCONTRACTOR INFORMATION:										
Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work						
Total Amount Set Aside: \$ _____ Percentage of Total Set Aside Amount : _____ % Tier: : _____ <small>1st, 2nd, 3rd</small> LSDBE Certification Number: _____ Certification Status: (check all that apply) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>SBE:</td> <td>LBE:</td> <td>DBE:</td> <td>DZE:</td> <td>ROB:</td> <td>LRB:</td> </tr> </table>			SBE:	LBE:	DBE:	DZE:	ROB:	LRB:	Point of Contact: _____ <small>Name (Print)</small> Contact Telephone Number: _____ Fax Number: _____ Email Address: _____	
SBE:	LBE:	DBE:	DZE:	ROB:	LRB:					