Project: Marcus Center Phase 5 HVAC Renovations
DAS – Marcus Center
929 North Water Street
Milwaukee, WI 53202

Project No.: O038-15445

Subject: Request for Proposal

ATTACHMENT 5

DISADVANTAGED BUSINESS ENTERPRISE (DBE) INSTRUCTIONS & FORMS

COMMUNITY BUSINESS DEVELOPMENT PARTNERS

MILWAUKEE COUNTY

COMMITMENT TO CONTRACT WITH *DBE*

(This form is to be completed by the bidder/proposer and the DBE named for submission with bid/proposal)

PROJECT No.: _____ PROJECT TITLE: _____

TOTAL CONTRACT AMOUNT $ _____ DBE Goal: _____

Name & Address of DBE(*)	Scope of Work Detailed Description	DBE Contract Amount	% of Total Contract

(* Separate commitment form must be completed for each DBE firm)

Bidder/Proposer Commitment (To be completed by firm committing work to DBE)

I certify that the DBE firm listed quoted the identified service(s) and cost(s). I further acknowledge our firm having negotiated with, and having received confirmation, on partnering, pricing and delivery from DBE firm listed herein. Our firm _____(Phone No._____), or one of our subcontractors, will enter into contract with the DBE firm listed, for the service(s) and amount(s) specified when awarded this contract. A copy of the contract between our firm and that of the named DBE will be submitted directly to CBDP within seven (7) days from receipt of Notice-to-Proceed on this contract. The information on this form is true and accurate to the best of my knowledge. I further understand that falsification, fraudulent statement, or misrepresentation will result in appropriate sanctions under applicable law.

_____ _____ _____
Signature of Authorized Representative Name & Title of Authorized Representative Date

Subscribed and sworn to before me this _____ day of _____, 20 ____

_____ State of _____. My Commission expires _____.
Signature of Notary Public

[SEAL]

* Only firms certified as DBEs (within qualifying NAICS codes) by the State of Wisconsin UCP ***prior to bid/proposal opening*** will be credited on this contract

DBE Affirmation (To be completed by DBE Owner/Authorized Representative)

- I affirm that the State of Wisconsin UCP has certified our company as a DBE, and that our company is currently listed in the State of Wisconsin UCP Directory.
- I acknowledge and accept this commitment to contract with my firm for the service(s) and dollar amount(s) specified herein, as put forth by _____.
- I understand and accept that this commitment is for service(s) to be rendered in completion of the Milwaukee County project specified herein to be completed with my own forces, unless otherwise approved by CBDP.
- I affirm that approval from CBDP will be obtained prior to subletting any portion of this work awarded to my firm on this project.

_____ _____ _____
Signature of Authorized DBE Representative Name & Title of Authorized DBE Representative Date

FOR CBDP USE ONLY

Commitment number ___ **of** ___ **Project Total:** (A)_____ (V) $_____ Total % _____

Verified with: _____ _____ _____
Authorized Signature Date

COMMUNITY BUSINESS DEVELOPMENT PARTNERS

MILWAUKEE COUNTY

COMMITMENT TO CONTRACT WITH *DBE*

DIRECTIONS FOR COMPLETING THIS FORM:

1. **TOTAL CONTRACT AMOUNT**: The participation goal is based on the total dollar value of your base bid, initial offer or initial scope of work, less allowance and/or reimbursable items. The successful Bidder/Proposer will maintain the approved participation level during the term of the contract with the County, including any additional work on the contract, e.g., change orders, addendums, scope changes, etc. Contract adjustments shall include proportional changes in participation.

2. **COMMITMENT**: Bidder/Proposer will complete this section affirming that they are committing work to the Targeted Firm named on this form. The County requires that the successful Bidder/Proposer enter into contract, directly or through subcontractors, as stated in this form. Agreements/Purchase orders must be submitted to the County within 7 days of receipt of the Notice-To-Proceed. By executing this commitment, you are certifying that you have had contact with the named firm and that they will be hired if awarded the contract by the County. VIOLATION OF THE TERMS OF THIS COMMITMENT IS GROUNDS FOR TERMINATION OF YOUR CONTRACT.

3. **AFFIRMATION**: Targeted firm receiving the commitment will complete this section. Name the firm with whom you will be contracting directly, and include a contact telephone number for verification purposes. The services being rendered in regard to this contract are to be performed by the employees of the Targeted firm named

If you have any questions on forms or related to Milwaukee County's DBE Program, please contact us at 414-278-4851 or cbdpcompliance@milwaukeecountywi.gov