Instructions for Completing Exhibit 5 - CBE Form

Proposer must submit Exhibit 5 - Community Business Enterprise (CBE) Information form in Excel format.

The County seeks diverse broad-based participation in its agreements and strongly encourages participation by CBEs. Complete all fields listed on form. Where a field requests number or total indicate response using numerical digits only.

Section 1: FIRM/ORGANIZATION INFORMATION Using numerical digits, enter the total number of individuals employed by the firm in the state of California. Using numerical digits, enter the total number of individuals employed by the firm regardless of location. Using numerical digits, enter the total number of individuals employed by the firm regardless of location. Using numerical digits, enter the make-up of Owners/Partners/Associate Partners and percentage of how ownership of the firm is distributed into the Race/Ethnic Composition categories listed in the table. Final number must total 100%.

Section 2: CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE

If the firm is currently certified as a Community Based Enterprise (CBE) by a public agency, complete the table by entering the names of the certifying Agency and placing an "X" under the appropriate CBE designation (Minority, Women, Disadvantaged, Disabled Veteran or LGBTQQ). Enter all the CBE certifications held by the firm.

Proposer acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area will be at the Director's sole judgment and their judgment will be final.

REQUIRED FORMS – EXHIBIT 5 COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION

TITLE	•	REFEI	TITLE		
1 FIRM/ORGANIZATION INFORMATION	The information purposes only award, contract to race/ethnici sexual orienta	. On final ana ctor/vendor wi ty, color, religi	2 CERTIFICATION AS MIN WOMEN, DISADVANTAGE DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, A QUESTIONING-OWNED (L		
Total Number of Employees in (BUSINESS ENTERPRISE				
Total Number of Employees (inc	cluding owners):				BUSINESS ENTERPRISE
Race/Ethnic Composition of Fir following categories:	m. Enter the make	-up of Owners/Pa	artners/Associate F	Partners into the	
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Percentage of how ownership of the firm is distributed		Agency Name
	Male	Female	Male	Female	
Black/African American			%	%	
Hispanic/Latino			%	%	

Asian or Pacific Islander
Native Americans
Subcontinent Asian

	REFERENCE							
TITLE 2 CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE			If your firm is currently certified as a minority, women, disadvantaged, disabled veteran or lesbian, gay, bisexual, transgender, queer, and questioning-owned business enterprise by a public agency, complete the following.					
			Check if not applicable					
Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ				
	ED, D -, ,AND LGBTQQ)	ED, women, dis lesbian, gay and question a public age	NORITY, ED, women, disadvantaged, di lesbian, gay, bisexual, trar and questioning-owned but a public agency, complete Check if not a	MInority If your firm is currently certified as a recommendation women, disadvantaged, disabled vet lesbian, gay, bisexual, transgender, cand questioning-owned business ent a public agency, complete the following Check if not applicable				