

**VBE-2**  
**VBE PARTICIPATION SUBMITTAL**

**CHECK ONE, AND ONLY ONE, BOX. FAILURE TO COMPLY WILL RESULT IN REJECTION OF YOUR BID/PROPOSAL.**

*Click on bold titles to navigate to that specific page.*

**I agree to meet the VBE participation goal in full.**

I have completed and am submitting with my bid or proposal an **VBE Utilization Schedule (VBE-3)**, which is required in order to be considered for award.

**I am requesting a partial waiver of the VBE participation goal.**

After making good faith outreach efforts as more fully described in the **Guidance for Documenting Good Faith Efforts to Meet the VBE Participation Goal**, I am unable to achieve the total VBE participation goal for this solicitation and am requesting a partial waiver of the VBE participation goal.

I have completed and am submitting with my bid or proposal both of the following, which are required in order to be considered for award:

1. an **VBE Utilization Schedule (VBE-3)** for that portion of the VBE participation goal that I will meet; AND
2. a **Good Faith Efforts Waiver Request** for the portion of the VBE participation goals that I am unable to meet.

**I am requesting a full waiver of the VBE participation goal**

After making good faith outreach efforts as more fully described in the **Guidance for Documenting Good Faith Efforts to Meet the VBE Participation Goal**, I am unable to achieve any part of the VBE participation goal for this solicitation and am requesting a full waiver of the VBE participation goal.

I have completed and am submitting with my bid or proposal a **Good Faith Efforts Waiver Request** for the complete VBE participation goal, which is required in order to be considered for award.

NOTE: VBE primes who are submitting as bidders or offerors must complete an **VBE Utilization Schedule (VBE-3)** identifying any self-performance towards the VBE participation goal.

**VBE-3**  
**VBE UTILIZATION SCHEDULE**

Clark Contractors, Inc.  
DGS A-2022-0001-JOC-SET-K-2

**Bidder/Offeror to complete the following:**

**Amount of VBE participation goal to be met through the use of VBE subcontractors, suppliers, or manufacturers:** Bidders/offerors are not required to identify the specific VBE subcontractors, suppliers, or manufacturers within this VBE Utilization Schedule, but must identify the total percentage (%) of work to be performed by VBE subcontractors, suppliers, or manufacturers. However, the selected bidder/offeror must submit Utilization Reports identifying the VBE subcontractors, suppliers, or manufacturers used to meet the portion of the VBE participation goal listed below. To receive credit toward meeting the VBE participation goal, the VBE subcontractor, manufacturer, or supplier must be a DGS-verified VBE as of the date the work to be completed by the VBE commences.

Percentage of work to be performed by VBE subcontractors, suppliers, or manufacturers:

\_\_\_\_\_ %

**If the Prime Bidder/Offeror is a DGS-verified VBE,** complete the following:

SAP Vendor Number (6-digit number): \_\_\_\_\_

VBE Verification Number (located on DGS VBE verification):

\_\_\_\_\_

Type of VBE: \_\_\_ Veteran-Owned Small Business Enterprise

\_\_\_ Service-Disabled Veteran-Owned Small Business Enterprise

Description of Work to be Performed (Statement of Work/Specification reference):

Percentage of work to be self-performed by VBE bidder/offeror: \_\_\_\_\_ %

**VBE-5**

**GOOD FAITH EFFORTS DOCUMENTATION TO SUPPORT WAIVER REQUEST OF VBE PARTICIPATION GOAL**

|  |  |
|--|--|
| <b>Project Description:</b>            |  |
| <b>Commonwealth Agency Name:</b>       |  |
| <b>Solicitation #:</b>                 |  |
| <b>Solicitation Due Date and Time:</b> |  |

|                                      |  |
|--------------------------------------|--|
| <b>Bidder/Offeror Company Name:</b>  |  |
| Bidder/Offeror Contact Name:         |  |
| Bidder/Offeror Contact Email:        |  |
| Bidder/Offeror Contact Phone Number: |  |

**Part 1 – Anticipated Scopes of Work Offeror Made Available to VBEs**

Identify those anticipated scopes of work that the Offeror made available to VBEs. This includes, where appropriate, those items the Offeror identified and subdivided into economically feasible units to facilitate the VBE participation. It is the Offeror’s responsibility to demonstrate that the total percentage of the anticipated scopes of work identified for VBE participation met or exceeded the VBE participation goal set for the procurement.

| Anticipated Scopes of Work | Does Offeror normally self-perform this work?               | Was this work made available to VBE Firms? If not, explain why. |
|----------------------------|---|---|
|                            | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no     |
|                            | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no     |
|                            | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no     |
|                            | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no     |
|                            | <input type="checkbox"/> yes<br><input type="checkbox"/> no | <input type="checkbox"/> yes<br><input type="checkbox"/> no     |

Attach additional sheets if necessary.

**VBE-5**

**GOOD FAITH EFFORTS DOCUMENTATION TO SUPPORT WAIVER REQUEST OF VBE PARTICIPATION GOAL**

**Part 2 – Identified VBEs and Record of Solicitations**

Identify the VBEs solicited to provide quotes for the Anticipated Scopes of Work made available for VBE participation. Include the name of the VBE solicited, items of work for which quotes were solicited, date and manner of initial and follow-up solicitations, whether the VBE provided a quote, and whether the VBE is being used toward meeting the VBE participation goal.

Note: Copies of all written solicitations and documentation of follow-up calls to VBEs must be attached to this form. For each Identified VBE listed below, Offeror should submit an VBE Subcontractor Unavailability Certificate signed by the VBE or a statement from the Offeror that the VBE refused to sign the VBE Subcontractor Unavailability Certificate.

| <b>Name of Identified VBE and Classification</b> | <b>Describe Item of Work Solicited</b> | <b>Initial Solicitation Date &amp; Method</b> | <b>Follow-up Solicitation Date &amp; Method</b> | <b>Details for Follow-up Calls</b>                             | <b>VBE interested in Anticipated Scope of Work?</b> | <b>Will VBE be Used?</b> | <b>Reason VBE Rejected</b>                                    |
|--|--|---|---|--|---|--------------------------|---|
| VBE Name:<br><br>___ VBE<br>___ SDVBE            |  | Date:<br><br>___ mail<br>___ email<br>___ fax | Date:<br><br>___ mail<br>___ email<br>___ fax   | Date and Time of Call:<br><br>Spoke with:<br><br>Left Message: | ___ yes<br>___ no                                   | ___ yes<br>___ no        | ___ Used other VBE<br>___ Used non-VBE<br>___ Self performing |
| VBE Name:<br><br>___ VBE<br>___ SDVBE            |  | Date:<br><br>___ mail<br>___ email<br>___ fax | Date:<br><br>___ mail<br>___ email<br>___ fax   | Date and Time of Call:<br><br>Spoke with:<br><br>Left Message: | ___ yes<br>___ no                                   | ___ yes<br>___ no        | ___ Used other VBE<br>___ Used non-VBE<br>___ Self performing |

Attach additional sheets as necessary.

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**GOOD FAITH EFFORTS DOCUMENTATION TO SUPPORT WAIVER REQUEST OF**  
**VBE PARTICIPATION GOAL**

**Part 3 – VBE Outreach Compliance Statement**

- 1. List the Anticipated Scopes of Work for subcontracting opportunities for the solicitation along with specific work categories:**

- 2. Attach to this form copies of written solicitations (with Bid or Proposal instructions) used to solicit Identified VBEs for these subcontract opportunities. NA**

- 3. Offeror made the following attempts to contact the Identified VBEs:**

- 4. Bonding Requirements (Please Check One):**

\_\_\_\_\_ This project does not involve bonding requirements.

\_\_\_\_\_ Offeror assisted Identified VBEs to fulfill or seek waiver of bonding requirements.  
(DESCRIBE EFFORTS):

- 5. Pre-Bid/Proposal Conference or Supplier Forum (Please Check One):**

\_\_\_\_\_ Offeror did attend the pre-Bid/Proposal/Quote conference or Supplier Forum

\_\_\_\_\_ No pre-Bid/Proposal/Quote conference or Supplier Forum was held

\_\_\_\_\_ Offeror did not attend the pre-Bid/Proposal/Quote conference or Supplier Forum

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**Part 4 – Additional Information Regarding Rejected VBES**

This form must be completed if Part 2 indicates that an VBE quote was rejected because the Offeror is using a non-VBE or is self-performing the Anticipated Scopes of Work. List the Anticipated Scopes of Work, indicate whether the work will be self-performed or performed by a non-VBE, and if applicable, state the name of the non-VBE firm. Also include the names of all VBES and non-VBE firms that provided a quote and the amount of each quote.

| Describe Anticipated Scope of Work not being performed by VBES | Self-performing or using non-VBE (provide name of non-VBE if applicable)                    | Reason why VBE quote was rejected along with brief explanation  |
|--|---|---|
|  | <input type="checkbox"/> self-performing<br><input type="checkbox"/> using Non-VBE<br>Name: | <input type="checkbox"/> price<br><input type="checkbox"/> capabilities<br><input type="checkbox"/> other |
|  | <input type="checkbox"/> self-performing<br><input type="checkbox"/> using Non-VBE<br>Name: | <input type="checkbox"/> price<br><input type="checkbox"/> capabilities<br><input type="checkbox"/> other |
|  | <input type="checkbox"/> self-performing<br><input type="checkbox"/> using Non-VBE<br>Name: | <input type="checkbox"/> price<br><input type="checkbox"/> capabilities<br><input type="checkbox"/> other |
|  | <input type="checkbox"/> self-performing<br><input type="checkbox"/> using Non-VBE<br>Name: | <input type="checkbox"/> price<br><input type="checkbox"/> capabilities<br><input type="checkbox"/> other |
|  | <input type="checkbox"/> self-performing<br><input type="checkbox"/> using Non-VBE<br>Name: | <input type="checkbox"/> price<br><input type="checkbox"/> capabilities<br><input type="checkbox"/> other |

Attach additional sheets as necessary.

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**Part 5 – VBE Subcontractor Unavailability Certificate**

1. It is hereby certified that the firm of \_\_\_\_\_  
(Name of VBE)

located at \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (State) (Zip)

was offered an opportunity to bid on Solicitation No. \_\_\_\_\_

by \_\_\_\_\_  
(Name of Prime Contractor's Firm)

\*\*\*\*\*

2. \_\_\_\_\_(VBE), is either unavailable for the work/service or unable to prepare a Proposal for this project for the following reason(s):

\_\_\_\_\_  
(Signature of VBE's Representative) (Title) (Date)

\_\_\_\_\_  
(DGS VBE Certification #) (Telephone #)

\*\*\*\*\*

3. If the VBE does not complete this form, the prime contractor must complete the following:

To the best of my knowledge and belief, the above-listed VBE is either unavailable for the anticipated scopes of work for this project or did not provide a response.

**NA**

\_\_\_\_\_  
(Signature of Bidder/Offeror) (Title) (Date)