**Mayor’s Office of Housing and cOMMUNITY DEVELOPMENT (MOHCD)**

 **Consultant Team Information**

 ***Architecture, Engineering, & Professional Services Contracts***

 **MOHCD CONSULTANT PARTICIPATION FORM**

**Section 1: This form must be submitted with the proposal. Prime Proposer, each Joint Venture Partner, Subconsultants, Vendors, and lower sub tiers must be listed on this form. List certified Small and/or Micro-MBEs/WBEs subconsultants you plan to use.**

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| **Contract:** |  |  |
| **[ ]  MBE [] WBE**  |  |
| **Firm:** |  | **[ ]  Joint Venture**  |  |
| **Contact Person:** |  |  |
| **Address:** |  |  |
| **City/ZIP** |  |
| **Phone** |  |

**\*Type: Identify if prime (P), JV partner (J), Subconsultant (S), or Vendor (V)**

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| **TYPE \*** | **Firm** | **PORTION OF WORK (describe scope(s)** **of work)** | **% of work** | **INDICATE****LBE****Yes/No**  | **, Identify****MBE, WBE,****or OBE \*\*** | **% of MBE/WBE Subwork** |
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|  |  | **Total % of Work: 100%** | **Total MBE/WBE Subconsulting%** | **%** |
|  | I declare, under penalty of perjury under the laws of the State of California, that I am utilizing the above Consultants for the portions of work and amounts as reflected in the Proposal for this Contract. |
| **Owner/Authorized Representative (Signature):** |  | **Date:** |  |
| **Print Name and Title:** |  |

\*\* MBE = Minority Business Enterprise, WBE = Women Business Enterprise, OBE = Other Business Enterprise. See

**Section 2. Prime Proposer, Joint Venture Partners, Subconsultant, and Vendor Information. Provide information for each firm listed in Section 1 of this form. Firms which have previously worked on City contracts may already have a vendor number. Vendor numbers of LBE firms are located in the CMDLBE website at http://sfgov.org/cmd. Use additional sheets if necessary**.

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| **fIRM name:** |  | **vendor #:** |  |
| **address:** |  | **federal id #:**  |  |
| **CITY, st, ZIP:** |  | **phone:** |  | **FAX:** |  |
| **service:** |  |

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| **address:** |  | **federal id #:**  |  |
| **CITY, st, ZIP:** |  | **phone:** |  | **FAX:** |  |
| **service:** |  |

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| **service:** |  |

**SECTION 3**

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| **Contract Name:** |  |
| **Contract No.:** |  |
| **Signature of Owner/Authorized Representative:** |  |
| **Owner/Authorized Representative (Print):** |  |
| **Name of Firm (Print):** |  |
| **Title and Position:** |  |
| **Address, City, ZIP:** |  |
| **E-mail:** |  |
| **Date:** |  |

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| **FORM 3: HRC NON-DISCRIMINATION AFFIDAVIT** |

Upon request, I will provide the MOHCD/HRC with copies of contracts, subcontract agreements, certified payroll records and other documents requested so the CMD may investigate claims of discrimination or non-compliance with either Chapter 12B .

3. I acknowledge and agree that any monetary penalty assessed against my firm by the Director of the Contract Monitoring Division shall be payable to the City and County of San Francisco upon demand. I further acknowledge and agree that any monetary penalty assessed may be withheld from any monies due to my firm on any contract with the City and County of San Francisco.

4. I declare and swear under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct and accurately reflect my intentions.

|  |  |
| --- | --- |
| **Signature of Owner/Authorized Representative:** |  |
| **Owner/Authorized Representative (Print)** |  |
| **Name of Firm (Print)** |  |
| **Title and Position** |  |
| **Address, City, ZIP** |  |
| **Federal Employer Identification Number (FEIN):** |  |
| **Date:** |  |

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| **FORM 5: HRC/MOHCD EMPLOYMENT FORM** |
| This form is to be submitted with the proposal.1. Indicate key personnel designated to work on this project for the entire project team (prime proposer, joint venture partners, subconsultants, and vendors).The employees listed should include all those listed in other sections of the proposal. |
| **Name of Firm** | **Name of Employee** | **Project Role** | **RACE** | **SEX** |
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Sign below including each joint venture partner.

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| **Owner/Authorized Representative (Signature)** |  | **Owner/Authorized Representative (Signature)** |
|  |  |  |
| **Name and Title (Print)** |  | **Name and Title (Print)** |
|  |  |  |
| **Firm Name** |  | **Firm Name** |
|  |  |  |  |  |
| **Telephone** | **Date** |  | **Telephone** | **Date** |