

# San Francisco Community College District



## SMALL LOCAL BUSINESS ENTERPRISE (SLBE) PROGRAM FOR CONSTRUCTION-RELATED PROFESSIONAL SERVICES CONTRACTING

### RULES, REGULATIONS, REQUIREMENTS, AND FORMS

#### 1.01 GENERAL INFORMATION

1. The Consultant must agree to comply with the requirements of the District's SLBE Program to be eligible for an award of a construction-related professional services contract. The Consultant is responsible for, and must comply with, all the details contained in the Rules, Regulations, Requirements and Forms.

Copies of the SLBE Program for construction-related professional services are available on the District's web site at: [www.ccsf.edu/build](http://www.ccsf.edu/build).

2. The following agencies maintain lists of certified SLBEs.

<b>San Francisco Human Rights Commission (HRC)</b>  25 Van Ness Avenue, # 800 San Francisco, CA 94102-6033  (415) 252-2500  <a href="http://www.sfgov.org/site/uploadedfiles/sfhumanrights/directry/vlist_1.htm">http://www.sfgov.org/site/uploadedfiles/sfhumanrights/directry/vlist_1.htm</a>	<b>San Francisco Community College District (SFCCD)</b>  1999 Harrison St., Suite 1440 Oakland, CA 94612  (510) 835-9012  <a href="mailto:districtcert@mtaltd.com">districtcert@mtaltd.com</a>
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## 1.02 REQUIRED FORMS TO BE SUBMITTED

### 1. Forms that must be submitted with the bid:

Form 1: IDENTIFICATION LISTING OF SUBCONTRACTORS, TRUCKERS, SUPPLIERS, AND SUBCONSULTANTS

Form 2: EQUAL OPPORTUNITY AND NON-DISCRIMINATION IN EMPLOYMENT AND WORKFORCE COMPLIANCE CERTIFICATION

### 2. Additional forms to be submitted by the successful Bidder after the execution of the contract:

Form 3: MONTHLY SUBCONTRACTOR/SUBCONSULTANT PROGRESS REPORT (submitted with each invoice listing all subcontractors, suppliers, truckers and their fees included in the invoice)

Form 4: EXIT REPORT AFFIDAVIT AND FINAL PAYMENT REPORT (submitted before release of retention listing the SBE subcontractors, suppliers, and truckers and their total payments)

## 1.03 INSTRUCTIONS FOR COMPLETING THE SLBE FORMS

### **Form 1: IDENTIFICATION LISTING OF SUBCONTRACTORS, TRUCKERS, SUPPLIERS, AND SUBCONSULTANTS**

Form 1 must be submitted with the bid to identify *ALL* subcontractors, suppliers, truckers and subconsultants performing on the project. Form 1 is also used to demonstrate how the Consultant will meet the SLBE subconsulting goal, as well as determining if the Consultant is eligible for evaluation credits. The SLBE goal is set forth in the Request for Proposals or Request for Qualifications.

### **Form 2: EQUAL OPPORTUNITY AND NON-DISCRIMINATION IN EMPLOYMENT AND WORKFORCE COMPLIANCE CERTIFICATION**

Form 2, including the workforce data sheet, must be submitted with the proposal and qualifications and signed by the Consultant.

### **Form 3: MONTHLY SUBCONTRACTOR/SUBCONSULTANT PROGRESS REPORT**

Form 3 should be attached to each request for a progress payment. If the payment request for a subcontractor, supplier, trucker, or subconsultant is included in the requested progress payment, the amount for each business should be specified on the form. Otherwise, the form should state “not applicable.”

The directions for each field of Section II are as follows:

- *Name of Subcontractors, Truckers, Suppliers, and Subconsultants:* List each subcontractor, trucker, supplier, and subconsultant requesting payment for the reported month.
- *Work Performed this Month:* List the services provided by each subcontractor, trucker, supplier, and subconsultant.
- *Invoice No. and Amount Invoiced Current Month:* List the invoice number and the amount invoiced by the subcontractor, trucker, supplier, or subconsultant for the current month.
- *Amount Paid Current Month:* List the amount paid to the subcontractor, trucker, supplier, or subconsultant for the current month.
- *Amount Paid to Date:* List the amount paid to date to the listed subcontractor, trucker, supplier, or subconsultant.

**Form 4: EXIT REPORT AFFIDAVIT AND FINAL PAYMENT REPORT**

Form 4 should be submitted with the final progress payment application and signed by the Consultant, including all joint venture partners. The Consultant should list *ALL* subcontractor, supplier, trucker, and subconsultant payments to date. Final payment will not be released without submittal of this Form.

**1.04 CONSULTANT'S CONTRACT REQUIREMENTS**

The Consultant must comply with the SLBE participation goals that are applied to the original contract whenever a change order is required. A revised Form 1 must be submitted with the amendment indicating how the SLBE participation percentages will be met. No payment on the amendment will be made until the revised Form 1 is submitted and approved by the District.

The Consultant must include in any subcontract a SLBE provision that provides a remedy for the Consultant's non-compliance with the commitment to utilize SLBE subconsultants. This contractual provision shall include an agreement by the Consultant to compensate the SLBE subconsultant if the Consultant does not fulfill its commitment to utilize the SLBE. This contractual provision shall also state that it is enforceable in a court of competent jurisdiction.

Suggested language for the agreement between the Consultant and the subconsultant is as follows:

Consultant shall fulfill its commitment to utilize and compensate business name to the full extent agreed to under contract with the San Francisco City College District. In the event the Consultant does not fulfill its commitment to utilize the SLBE subconsultant, the Consultant shall nonetheless compensate the subconsultant for the amount specified in its contract with the San Francisco City College District. This provision shall be enforceable in a court of competent jurisdiction.

**1.05 SLBE QUALIFICATION REQUIREMENTS**

SLBEs that are certified with the San Francisco Human Rights Commission or the San Francisco City College District are eligible to meet the SLBE goal. Firms meeting the SLBE goal with certified SLBE subconsultants are eligible to receive evaluation credits.

## **1.06 SUBSTITUTION, REMOVAL OR CONTRACT MODIFICATION OF SLBE**

- 1) No SLBE subconsultant or other business listed on Form 1 is to be substituted or removed from the contract or have its contract modified in any way without prior written District approval.
- 2) Prior to District approval the subconsultant must be notified in writing of the proposed substitution and be provided the reason(s) for the substitution.
- 3) In the event of a SLBE substitution the Consultant shall be required to make a good faith effort to replace the substituted subcontractor with another SLBE.
- 4) During the term of the contract any willful failure to comply with the participation goals agreed upon by the Consultant in the bid shall be deemed a material breach of contract.

## **1.07 NON-COMPLIANCE AND SANCTIONS**

A complaint of discrimination or non-compliance concerning SLBE participation initiated by any party after the contract award will be processed in accordance with the SLBE Programs respectively and the following Rules and Regulations:

- 1) If the District determines there is cause to believe that a Consultant has failed to comply with any of these requirements, the District shall attempt to resolve the non-compliance through conciliation.
- 2) If the non-compliance cannot be resolved, the District shall submit to the Consultant a written Finding of Noncompliance. The Consultant shall be given ten (10) calendar days to appeal the Finding of Noncompliance, or otherwise it will be final.

### **A. Willful or Bad Faith Non-Compliance**

1. The District may require reports, information, and documentation from the Consultant as is reasonably necessary to determine compliance with the requirements of the District's SLBE Program Rules, Regulations, Requirements and Forms for Construction-Related Professional Services Contracting.
2. If the District determines that there is cause to believe that any Consultant or subconsultant has failed to comply in good faith with any of the requirements of the District's SLBE Program or contract provisions pertaining to SLBE utilization, the District is empowered to conduct an investigation. After affording the Consultant notice and an opportunity to be heard, the District may impose sanctions for each violation.
3. Such sanctions shall include, but are not limited to the following:

- a. Declare the Consultant non-responsive and ineligible to receive the award subject to possible forfeiture of the bid bond.
- b. Declare the Consultant an irresponsible bidder and disqualify the Consultant from eligibility for providing goods or services to the District for a period of five (5) years, with a right to review and reconsideration by the District after two (2) years upon a showing of corrective action indicating violations would not recur.
- c. Declare that the Consultant has willfully failed to comply and impose as liquidated damages, whichever is the greatest:
  - 1) An amount equal to the Consultant's net profit
  - 2) Ten percent (10%) to the total amount of the contract
  - 3) One thousand dollars (\$1,000)

**B. Appeal of Willful or Bad Faith Non-compliance Finding**

1. The Consultant or subconsultant may appeal the District's decision to sustain, reverse, or modify the findings and sanctions imposed within ten (10) calendar days of the District's issuing a finding.

**1.08 SLBE BID PROTEST PROCEDURES**

Any Consultant or subconsultant that has submitted a bid for a construction-related professional services project and has knowledge of or suspects a violation by another Consultant or subconsultant, and feels that relevant bids should be rendered non-responsive because of violations of the District's SLBE policy, may file a formal protest by identifying in writing the violation, particular project, and bid due date.

The District must receive the protest within ten (10) calendar days after the bid opening date. All protest notices must be sent to the attention of San Francisco Community College, Office of Facilities Management, 50 Phelan Avenue, S142, San Francisco, CA 94112.

## **1.09 FREQUENTLY ASKED QUESTIONS**

### **What is an SLBE?**

A Small Local Business Enterprise is defined as an independently owned and operated business which is not dominant in its field of operation. The principal office must be located in the County of San Francisco, and have average annual gross receipts of less than \$2.5 million for the prior three years.

### **If I am a SLBE prime consultant can I count myself toward the SLBE subconsulting goal?**

Yes, both Consultants and their subconsultants can be counted toward the goal. However, in order to be eligible for the evaluation credits, the Consultant must meet the SLBE goal with certified SLBE subconsultants.

### **Do I have to meet the SLBE goal if I do not plan to use any subconsultants?**

Yes, you do need to meet the SLBE goal or provide the Good Faith Effort. If you do not contract with SLBE subconsultants to meet the participation goal and do not document a Good Faith Effort, your bid could be passed over

### **What is considered proof of certification?**

Certification documentation includes a letter from the SFHRC stating the expiration date, and the type of goods or services the firm is certified to provide or a letter of certification from the District. Proof of certification for each SLBE used to meet the goals must be attached to Form 2.

### **Where can I find qualified SLBEs?**

The San Francisco Human Rights Commission makes their listings of certified companies available on the Internet at <http://www.ci.sf.ca.us/sfhumanrights/>. Additionally, the District's contract compliance consult maintains the District's database of certified firms. They can be reached at [districtcert@mtaltd.com](mailto:districtcert@mtaltd.com).

### **Who do I contact to get more information?**

For more information, contact the District's Contract Compliance Consultant at (510)835-9012.

### **If I do not meet the SLBE goal, what should I do?**

Complete and submit your good faith effort report. If you are using a good faith effort to meet the subconsulting goals, you **must** provide the necessary documentation.

**FORM 1 IDENTIFICATION LISTING OF SUBCONTRACTORS, TRUCKERS, SUPPLIERS, AND SUBCONSULTANTS**

Project Name: \_\_\_\_\_ Bid Date: \_\_\_\_\_

**Bidder/Consultant Information**

Bidder/Consultant Company Name:		
Business Address:		
Telephone:	Facsimile:	E-Mail:
Gender of Owner: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity of Owner:	Certification: <input type="checkbox"/> DGS <input type="checkbox"/> HRC <input type="checkbox"/> SFCCD

**Joint Venture Participation**  Yes  No

Joint Ventures complete this section and attach a copy of the Joint Venture agreement form.

List All Joint Venture Partners	SBE / SLBE Certification	Address, Telephone, Fax and E-Mail	Percent of Contract Dollars Awarded to Each Partner
	<input type="checkbox"/> DGS <input type="checkbox"/> HRC <input type="checkbox"/> SFCCD		
	<input type="checkbox"/> DGS <input type="checkbox"/> HRC <input type="checkbox"/> SFCCD		
	<input type="checkbox"/> DGS <input type="checkbox"/> HRC <input type="checkbox"/> SFCCD		

**Subcontractor/Subconsultant Trucker, and Supplier Information**

**SLBE Goal Met:**  Yes  No

Complete this section for *ALL* proposed subcontractors, truckers, suppliers, and subconsultants to work on the contract.

Company Name:		E-Mail:	
Business Address:		Type of Work:	
Phone Number/Facsimile:	<b>Award or Percent of Work:</b>		
Gender of Owner: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity of Owner:	Certification: <input type="checkbox"/> DGS <input type="checkbox"/> HRC <input type="checkbox"/> SFCCD	

Company Name:		E-Mail:	
Business Address:		Type of Work:	
Phone Number/Facsimile:	<b>Award or Percent of Work:</b>		
Gender of Owner: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity of Owner:	Certification: <input type="checkbox"/> DGS <input type="checkbox"/> HRC <input type="checkbox"/> SFCCD	

**\*Ethnicity Codes**  
 (Tracking Purposes Only)  
 CH = Chinese  
 AI = American Indian  
 ME = Middle Eastern  
 AA = African American  
 FA = Filipino American  
 JA= Japanese  
 CA= Caucasian  
 HA= Hispanic American  
 OT= Other

- Certification Agencies**
- California Department of General Services (DGS)
  - San Francisco Human Rights Commission (HRC)
  - San Francisco Community College District (SFCCD)

**FORM 1 IDENTIFICATION LISTING OF SUBCONTRACTORS, TRUCKERS, SUPPLIERS, AND SUBCONSULTANTS**

**Subcontractor/Subconsultant Trucker, Supplier Information**

<b>Company Name:</b>		E-Mail:
Business Address:		Type of Work:
Phone Number/Facsimile:		<b>Award or Percent of Work:</b>
Gender of Owner: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity of Owner:	Certification: <input type="checkbox"/> DGS <input type="checkbox"/> HRC <input type="checkbox"/> SFCCD

<b>Company Name:</b>		E-Mail:
Business Address:		Type of Work:
Phone Number/Facsimile:		<b>Award or Percent of Work:</b>
Gender of Owner: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity of Owner:	Certification: <input type="checkbox"/> DGS <input type="checkbox"/> HRC <input type="checkbox"/> SFCCD

<b>Company Name:</b>		E-Mail:
Business Address:		Type of Work:
Phone Number/Facsimile:		<b>Award or Percent of Work:</b>
Gender of Owner: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity of Owner:	Certification: <input type="checkbox"/> DGS <input type="checkbox"/> HRC <input type="checkbox"/> SFCCD

<b>Company Name:</b>		E-Mail:
Business Address:		Type of Work:
Phone Number/Facsimile:		<b>Award or Percent of Work:</b>
Gender of Owner: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity of Owner:	Certification: <input type="checkbox"/> DGS <input type="checkbox"/> HRC <input type="checkbox"/> SFCCD

<b>Company Name:</b>		E-Mail:
Business Address:		Type of Work:
Phone Number/Facsimile:		<b>Award or Percent of Work:</b>
Gender of Owner: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity of Owner:	Certification: <input type="checkbox"/> DGS <input type="checkbox"/> HRC <input type="checkbox"/> SFCCD

<b>Company Name:</b>		E-Mail:
Business Address:		Type of Work:
Phone Number/Facsimile:		<b>Award or Percent of Work:</b>
Gender of Owner: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity of Owner:	Certification: <input type="checkbox"/> DGS <input type="checkbox"/> HRC <input type="checkbox"/> SFCCD

**\*Ethnicity Codes** CH = Chinese      JA= Japanese  
 (Tracking AI = American Indian      CA= Caucasian  
 Purposes Only) ME = Middle Eastern      HA= Hispanic American  
 AA = African American      OT= Other  
 FA = Filipino American

- Certification Agencies**
- California Department of General Services (DGS)
  - San Francisco Human Rights Commission (HRC)
  - San Francisco Community College District (SFCCD)

**Form 2 EQUAL OPPORTUNITY AND NON-DISCRIMINATION IN EMPLOYMENT AND WORKFORCE COMPLIANCE CERTIFICATION**

The San Francisco Community College District recognizes that it must be build an equal opportunity. (Board Policy 3.02) It is the intent of the Board of Trustees that all prospective bidders shall be in compliance with the provisions of the Equal Employment Opportunity Commission guidelines. (Board Policy 7.09) Each business, prior to being awarded a contract must certify that it does not engage in discriminatory employment practices and it must provide information that verifies its compliance as an equal opportunity employer. The undersigned represents that affirmative steps will be taken to accomplish these policy objectives:

**CERTIFICATION**

The undersigned is authorized to execute this certificate on behalf of (insert company name) \_\_\_\_\_ and does hereby certify that the information stated herein are true and correct. The undersigned does further certify that (insert company name) \_\_\_\_\_ shall not discriminate against any employee or applicant for employment because of race, color, religion, creed, national origin, gender, age, marital status, disability, or sexual orientation, and shall comply with all applicable provisions of State and Federal requirements regarding equal employment opportunity and affirmative action reporting and compliance programs.

Furthermore, the undersigned acknowledges the following hiring policy and will take affirmative steps to accomplish said policy objectives:

*“It is the policy of the San Francisco Community College District to encourage its Construction and Construction-related Contractors to recruit and hire students and graduates of San Francisco City College as well as residents of the City and County of San Francisco as their employees.”*

Project Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Owner or Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

**Form 2 EQUAL OPPORTUNITY AND NON-DISCRIMINATION IN EMPLOYMENT AND WORKFORCE COMPLIANCE CERTIFICATION**

Company Name: \_\_\_\_\_ Project Name: \_\_\_\_\_

**WORKFORCE DATA**

EMPLOYEE CATEGORIES Status by Job	Male											Female										
	AA	AI	CA	CH	FA	HA	JA	ME	OT	SF	CCSF	AA	AI	CA	CH	FA	HA	JA	ME	OT	SF	CCSF
Officials and Managers																						
Professionals																						
Sales																						
Crafts (Skilled)																						
Semi-Skilled																						
Clerical																						
Total																						

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Questions should be directed to the District's compliance consultant at (510) 835-9012

**\*Ethnicity Codes**

(Tracking Purposes Only)  
SF = San Francisco Resident  
CCSF = City College of San Francisco Graduate

CH = Chinese  
AI = American Indian  
ME = Middle Eastern  
AA = African American  
FA = Filipino American

JA= Japanese  
CA= Caucasian  
HA= Hispanic American  
OT= Other

**FORM 3 MONTHLY SUBCONTRACTOR/SUBCONSULTANT PROGRESS REPORT**

The Prime Contractor/Consultant must complete the Prime Monthly Subcontractor, Trucker, Supplier and Subconsultant Progress Report by and the report must be submitted to SFCCD with the monthly progress payment application.

Project Name: \_\_\_\_\_

**SECTION I**

Prime Name and Address	Telephone Number, Email Address and Facsimile	Amount Invoiced This Month	Total Paid to Date

**SECTION II**

Name of Subcontractors, Truckers, Suppliers and Subconsultants	Work Performed this Month	Invoice No. and Amount Invoiced Current Month	Amount Paid Current Month	Amount Paid to Date

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

For further instructions on completing FORM 3 please see page 3 of this document. Further questions should be directed to the District's compliance consultant at (510) 835-9012.



**FORM 4 EXIT REPORT AFFIDAVIT AND FINAL PAYMENT REPORT CONTINUED...**

**PART 3: Exit Report Affidavit**

I declare, under penalty of perjury under the laws of the State of California, that the information on this Form is complete and accurate, and that the amounts owed to the subcontractors, truckers, suppliers, and subconsultants, will be paid within 15 days of receiving SFCCD's final payment under the Contract. The Prime Contractor/Consultant, including each joint venture partner, must sign this form

\_\_\_\_\_  
Owner/Authorized Representative (Signature)

\_\_\_\_\_  
Owner/Authorized Representative (Signature)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

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Firm Name

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Owner/Authorized Representative (Signature)

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Owner/Authorized Representative (Signature)

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Name (Please Print)

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