AFFIDAVIT B

INTENT TO PERFORM CONTRACT WITH OWN WORK FORCE

County of ________________________________

Affidavit ________________________________

(Name of Firm)

I, hereby, certify that it is the intent of the aforesaid firm to perform 100% of the work required for the project:

________________________________________

(Name of Project)

In making this certification, the Proposer states:

- That the proposer does not customarily subcontract elements of this type project,
- Normally performs, has the capability to perform, and will perform all elements of the work on this project with his/her own current work force, and
- Agrees to provide any additional information or documentation requested by the City of Winston-Salem in support of the above statement.

The following information is requested and may be used during the proposal evaluation process. Bidder certifies that:

We ( ) are a Historically Underutilized Business (HUB) certified by the State of North Carolina.
We ( ) are a minority business enterprise
We ( ) are not a minority business enterprise
If yes, please identify in the appropriate box below:

( ) Black
( ) Hispanic
( ) Asian American
( ) American Indian
( ) Female
( ) Socially and Economically Disadvantaged
( ) Disabled

*Minority Categories: Black, African American (B), Hispanic (H), Asian American (AA), American Indian (AI), Female (WF), Socially and Economically Disadvantaged (SE), and Disabled (D).

In the event the Proposer does not self-perform 100% of the work, the contract will be subject to the M/WBE goals originally established for this project, as well as, good faith efforts and documentation requirements of this program. The utilization of M/WBE firms accounts for 20% of the evaluation and scoring, and will not be allocated to proposals in which an Affidavit B is submitted. A proposer may meet the 10% goal through the participation of M/WBE sub consultants and/or through their own performance on the project if the proposer is a certified minority and/or woman owned firm.
AFFIDAVIT B CONTINUED

The undersigned hereby certifies that he/she has read this certification and is authorized to bind the Proposer to the commitments herein contained.

Date: ____________ Name of Officer: ____________________________

Signature
____________________________

Title
____________________________

State of North Carolina, County of ________________________ Subscribed and sworn before me,

This _______ day of ____________, 20____.

Notary Public __________________________ My commission expires

__________

SEAL