

Project Identification

Public Water System (PWS) Name _____ PWS ID # _____
Project Name _____

Certification

I am the authorized representative of the Public Water System identified above, and I hereby certify that with respect to the above-named project, unless the project was determined to be exempt from the requirement, that this project will comply with all requirements of the Participation by Disadvantaged Business Enterprises in Procurement. Whenever procuring construction, equipment, services, and supplies with federal funds, the following six good faith efforts will be made:

1. Ensure Disadvantaged Business Enterprises (DBEs) are made aware of contracting opportunities to the fullest extent practicable through outreach and recruitment activities.
2. Make information on forthcoming opportunities available to DBEs and arrange time frames for contracts and establish delivery schedules, where the requirements permit, in a way that encourages and facilitates participation by DBEs in the competitive process. This includes, whenever possible, posting solicitations for bids or proposals for a minimum of 30 calendar days before the bid or proposal closing date.
3. Consider in the contracting process whether firms competing for large contracts could subcontract with DBEs.
4. Encourage contracting with a consortium of DBEs when a contract is too large for one of these firms to handle individually.
5. Use the services and assistance of the U.S. Small Business Administration (SBA) and the Minority Business Development Agency of the Department of Commerce.
6. If the prime contractor awards subcontracts, require the prime contractor to take the steps in questions 1-5 above.

Please type your name in the signature line. By electronically signing this form, you are agreeing to be legally bound to the same extent as if you applied a traditional handwritten signature on a paper document submitted to satisfy the same requirement.

Signature of Public Water System's Authorized Representative

Date Signed

Name of Authorized Representative *(Print or Type)*

Title of Authorized Representative *(Print or Type)*

Send completed form to: DNRECSDCGrants@wisconsin.gov.