

**ATTACHMENT M-1 – VETERAN-OWNED SMALL BUSINESS ENTERPRISE
UTILIZATION AFFIDAVIT AND SUBCONTRACTOR PARTICIPATION SCHEDULE**

(submit with Bid/Proposal)

This document **MUST BE** included with the Bid/Proposal. If the Bidder/Offeror fails to complete and submit this form with the Bid/Proposal, the procurement officer may determine that the Bid is non-responsive or that the Proposal is not reasonably susceptible of being selected for award.

In conjunction with the Bid/Proposal submitted in response to Solicitation No. **F10B3400005**, I affirm the following:

1. I acknowledge and intend to meet the overall verified VSBE participation goal of (check one):
___ **0.05 percent (%) of the total premiums paid to the Contractor for Functional Area 1: DHMO-FI;**
or
___ **0.05 percent (%) of the total premiums paid to the Contractor for Functional Area 1: DPPO -FI;**
or
___ **0.5 percent (%) of the total administrative fees paid to the Contractor for Functional Area 3: DPPO-SF.**

Therefore, I will not be seeking a waiver.

OR

- I conclude that I am unable to achieve the VSBE participation goal. I hereby request a waiver, in whole or in part, of the overall goal. Within 10 business days of receiving notice that our firm is the apparent awardee, I will submit all required waiver documentation in accordance with COMAR 21.11.13.07. If this request is for a partial waiver, I have identified the portion of the VSBE goal that I intend to meet.
2. I understand that if I am notified that I am the apparent awardee, I must submit the following additional documentation within 10 days of receiving notice of the apparent award or from the date of conditional award (per COMAR 21.11.13.06), whichever is earlier.
- (a) Subcontractor Project Participation Statement (**Attachment M-2**); and
(b) Any other documentation, including waiver documentation, if applicable, required by the Procurement Officer to ascertain Bidder/Offeror responsibility in connection with the VSBE participation goal.

I understand that if I fail to return each completed document within the required time, the Procurement Officer may determine that I am not responsible and therefore not eligible for contract award. If the contract has already been awarded, the award is voidable.

3. In the solicitation of subcontract quotations or offers, VSBE subcontractors were provided not less than the same information and amount of time to respond as were non-VSBE subcontractors.
4. Set forth below are the (i) verified VSBEs I intend to use and (ii) the percentage of the total contract amount allocated to each VSBE for this project. I hereby affirm that the VSBE firms are only providing those products and services for which they are verified.

Prime Contractor (Firm Name, Address, Phone):	Project Description:
Project Number: - <u>F10B3400005</u>	

List Information For Each Verified VSBE Subcontractor On This Project

Name of Veteran-Owned Firm: Percentage of Total Contract:	DUNS Number:
	Description of work to be performed:
Name of Veteran-Owned Firm: Percentage of Total Contract:	DUNS Number:
	Description of work to be performed:
Name of Veteran-Owned Firm: Percentage of Total Contract:	DUNS Number:
	Description of work to be performed:
Name of Veteran-Owned Firm: Percentage of Total Contract:	DUNS Number:
	Description of work to be performed:

Continue on a separate page, if needed.

SUMMARY

TOTAL VSBE Participation: _____%

I solemnly affirm under the penalties of perjury that the contents of this Affidavit are true to the best of my knowledge, information, and belief.

Bidder/Offeror Name
(PLEASE PRINT OR TYPE)

Signature of Affiant

Name: _____
Title: _____
Date: _____

**ATTACHMENT M-2 – VETERAN-OWNED SMALL BUSINESS ENTERPRISE
SUBCONTRACTOR PROJECT PARTICIPATION STATEMENT**

*Please complete and submit one form for each verified VSBE listed on Attachment M-1
within 10 working days of notification of apparent award*

_____ (prime contractor) has entered into a contract with
_____ (subcontractor) to provide services in connection with the Solicitation
described below.

Prime Contractor (Firm Name, Address, Phone):	Project Description:
Project Number: F10B3400005	Total Contract Amount: \$
Name of Veteran-Owned Firm:	DUNS Number:
Work to Be Performed:	
Percentage of Total Contract:	Total Subcontract Amount: \$

The undersigned Prime Contractor and Subcontractor hereby certify and agree that they have fully complied with the State Veteran-Owned Small Business Enterprise law, State Finance and Procurement Article, Title 14, Subtitle 6, Annotated Code of Maryland.

PRIME CONTRACTOR SIGNATURE

SUBCONTRACTOR SIGNATURE

By: _____

Name, Title
Date

By: _____

Name, Title
Date

This form is to be completed monthly by the prime contractor.

**Department of Budget and Management
Veterans Small Business Enterprise (VSBE) Participation
Prime Contractor Paid/Unpaid VSBE Invoice Report**

Report #: _____	Contract #: F10B340005
Reporting Period (Month/Year): _____	Contracting Unit: _____
Report is due to the Contract Monitor by the 10th of the month following the month the services were provided.	Contract Amount: _____
	VSBE Subcontract Amt: _____
Note: Please number reports in sequence	Project Begin Date: _____
	Project End Date: _____
	Services Provided: _____

Prime Contractor:		Contact Person:	
Address:			
City:		State:	ZIP:
Phone:	Fax:	E-mail:	
Subcontractor Name:		Contact Person:	
Phone:	Fax:		
Subcontractor Services Provided:			
List all payments made to VSBE subcontractor named above during this reporting period:		List dates and amounts of any outstanding invoices:	
<u>Invoice#</u>	<u>Amount</u>	<u>Invoice #</u>	<u>Amount</u>
1.		1.	
2.		2.	
3.		3.	
4.		4.	
Total Dollars Paid: \$ _____		Total Dollars Unpaid: \$ _____	

**If more than one VSBE subcontractor is used for this contract, you must use separate M-3 forms for each subcontractor.

****Return one copy (hard or electronic) of this form to the following addresses (electronic copy with signature and date is preferred):**

Thomas McLamore MBE Officer Department of Budget and Management 45 Calvert Street, Room 116 Annapolis, MD 21401 Telephone: 410.260.7663 / Fax: 410.974.3274 Email: dbm.mbeofficer@maryland.gov	Anne Timmons Contract Manager/Monitor Director, Employee Benefits Division 301 West Preston Street, Room 510 Baltimore, Maryland 21201 Telephone: 410.767.4710 / Fax: 410.333.7122 E-mail: Anne.Timmons@maryland.gov
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Signature: _____ Date: _____

**Veterans Small Business Enterprise Participation
Subcontractor Paid/Unpaid VSBE Invoice Report**

Report#: _____	Contract # F10B3400005
Reporting Period (Month/Year): _____	Contracting Unit: _____
Report is due by the 10th of the month following the month the services were performed.	VSBE Subcontract Amount: _____
	Project Begin Date: _____
	Project End Date: _____
	Services Provided: _____

VSBE Subcontractor Name:		
Department of Veterans Affairs Certification #:		
Contact Person:	E-mail:	
Address:		
City:	State:	ZIP:
Phone:	Fax:	
Subcontractor Services Provided:		
List all payments received from Prime Contractor during reporting period indicated above.		List dates and amounts of any unpaid invoices over 30 days old.
<u>Invoice Amt</u>	<u>Date</u>	<u>Invoice Amt</u>
1.		1.
2.		2.
3.		3.
Total Dollars Paid: \$ _____		Total Dollars Unpaid: \$ _____
Prime Contractor:		Contact Person:

****Return one copy of this form to the following address (electronic copy with signature & date is preferred):**

Thomas McLamore MBE Officer Department of Budget and Management 45 Calvert Street, Room 116 Annapolis, MD 21401 Telephone: 410.260.7663 / Fax: 410.974.3274 Email: dbm.mbeofficer@maryland.gov	Anne Timmons Contract Manager/Monitor Director, Employee Benefits Division 301 West Preston Street, Room 510 Baltimore, Maryland 21201 Telephone: 410.767.4710 / Fax: 410.333.7122 E-mail: Anne.Timmons@maryland.gov
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Signature: _____ Date: _____
(Required)