­­­

MAKE EXTRA COPIES AS NEEDED

**Federal Small Business Enterprise Utilization Certification**

If the County executes a Contract with this Proposer, the Consultant shall ensure that subcontracts or agreements are executed with the SBE firm identified below.

Disadvantaged Business Enterprise (DBE) firms certified through the Washington State Office of Minority and Women’s Business Enterprises also qualify as SBE firms, and may be counted toward SBE requirements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SBE Name** | **OMWBE Certification Number** | **Project Role (Prime or Sub)** | **Description of Work** | **Percent to be applied toward SBE requirement\*** |
|  |  |  |  |  |

\*In the event that the utilization commitment in the proposal submittal does not match the sum of percentages listed on the SBE Utilization Certification forms, the SBE Utilization Certification forms shall take precedent.

As an authorized representative of the Small Business Enterprise (SBE), I confirm that we have been contacted by the referenced Proposer with regard to this project and if the Proposer is awarded the Contract we will enter into an agreement with this Proposer to participate in the Contract consistent with the information provided herein.

|  |  |
| --- | --- |
| **Signature of Certified SBE Firm Owner or** **Authorized Representative:** |  |
| **Printed Name:** |  |
| **Title:** |  |
| **Date:** |  |