

**San Francisco Department of Early Childhood  
Request for Grant Application #DEC24-1 for Early Intervention and Specialized  
Services System of Care (EISSC)**

Local Business Enterprise (LBE) Certification Forms

Submission Instructions

To be a Contract Monitoring Division (CMD) certified Local Business Enterprise in the City and County of San Francisco, please complete the forms listed below and submit them as a single PDF attachment **included** in your Application Packet.

The PDF titles must include:

- The name of your agency
- The text: RFGA# DEC24-1
- The document title – LBE
- The number of files submitted (i.e., 1 of X)

In a single email, the attached PDF titles must follow this format below as an example:

- ORGName.RFGA#DEC24-1.Financial.1of3.pdf
- ORGName.RFGA#DEC24-1.Application\_SC4.2of3.pdf
- ORGName.RFGA#DEC24-1.LBE.3of3.pdf

Please note this is only applicable if you are applying for Service Component 4: Care Coordination and Individualized Support Services.

Email the Application Packet to: [DEC-EISS-RFGA@sfgov.org](mailto:DEC-EISS-RFGA@sfgov.org)

Application Packet must be received by 5:00 p.m. on **Friday, February 16, 2024**

All inquiries about the LBE Certification process are considered technical questions and may be submitted at any time during the application process.

Please direct all LBE certification questions to Melinda Kanios at [DEC-EISS-RFGA@sfgov.org](mailto:DEC-EISS-RFGA@sfgov.org).



**FORM 2A: CMD CONTRACT PARTICIPATION FORM**

Section 1: This form must be submitted with the proposal or the proposal may be deemed non-responsive and rejected. Proposer, each Joint Venture partner, Subconsultants, Vendors, and lower sub tiers must be listed on this form. The RFP/RFQ will state which LBE size category (e.g., Micro, Small, and/or SBA-LBE) can be used to meet the LBE sub participation requirement(s). All LBE Proposers/JVs with LBE participation must meet the LBE sub participation requirement(s). Any LBE Proposer/JV with LBE participation may not count its participation towards meeting the LBE sub participation requirement(s). Be sure to check the appropriate box for Rating Bonus under Section 2. If more space is needed for Section 1, attach additional copies of this form.

<b>Contract No.:</b>		
<b>Contract Title:</b>		<b>LBE SUBPARTICIPATION REQUIREMENT(S)</b>
<b>Firm:</b>		<input type="checkbox"/> Micro and Small-LBE Sub Requirement - ___%
<b>Contact Person:</b>		<input type="checkbox"/> Micro, Small, SBA-LBE Sub Requirement - ___%
<b>Address:</b>		<input type="checkbox"/> Micro-LBE Sub Requirement - ___%
<b>City/ZIP:</b>		<input type="checkbox"/> Small-LBE Sub Requirement - ___%
<b>Phone, Email:</b>		<input type="checkbox"/> SBA-LBE Sub Requirement - ___%

\*Type: Identify if Prime (P), JV partner (J), Subconsultant (S), or Vendor (V)

TYPE *	Firm	Portion of Work (Describe Scope(s) of Work)	% of Work	Indicate LBE or Non-LBE. If LBE, identify MBE, WBE, or OBE; AND Micro, Small, or SBA.	% of LBE Subwork (Carry-Over from % OF Work Column)		
					Micro	Small	SBA
			%		%	%	%
			%		%	%	%
			%		%	%	%
			%		%	%	%
		<b>Total % of Work:</b>	<b>100%</b>	<b>Total LBE Sub Participation:</b>	%	%	%

I declare, under penalty of perjury under the laws of the State of California, that I am utilizing the above Consultants for the portions of work and amounts as reflected in the proposal for this Contract.

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

Print Name and Title: \_\_\_\_\_

\*\* MBE = Minority Business Enterprise, WBE = Women Business Enterprise, OBE = Other Business Enterprise. See CMD website: <http://www.sfgov.org/cmd> for each firm's status



**Section 2. Rating Bonus**

Check applicable boxes.

- A.  **NO Rating Bonus Requested 0%**
- B. **Contracts with an Estimated Cost in Excess of \$400,000 and Less Than or Equal to \$10,000,000.** See instructions in Sections 2.01 and 2.02.
- Micro or Small-LBE 10%**
  - Joint Venture 7.5%**
  - Joint Venture 5%**
  - Joint Venture (Micro or Small-LBEs only) 10%**
  - SBA-LBE 5%**
- C. **Contracts with an Estimated Cost in Excess of \$10,000 and Less Than or Equal to \$10,000,000.** The below rating bonuses DO NOT apply to Chapter 21 contracts and only apply to Chapter 6 contracts, including Chapter 6.40. See instructions in Section 2.01 for details. This Neighborhood/Zip Code LBE Program shall apply to projects located within the jurisdictional boundary of San Francisco. The program shall not apply to Job Order Contracts (JOC), As-Needed contracts, or other contracts where no specific project location is specified at the time of proposal. The RFP/RFQ will clearly state whether the Pilot Neighborhood/Zip Code LBE Program is applicable to the specific project. A Proposer may receive up to a maximum rating bonus of 13% depending on the particular application.

**Prime Neighborhood/Zip Code LBE rating bonus:**

- Prime Neighborhood LBE (or a JV where the Neighborhood LBE JV partner(s)' participation is at least 40%) 1%**

**OR**

- Prime Zip Code LBE (or a JV where the Prime Zip Code LBE JV partner(s)' participation is at least 40%) 1.5%**

**Subconsulting Neighborhood/Zip Code LBE rating bonus:**

- Sub Neighborhood LBE 0.5%**

**OR**

- Sub Zip Code LBE 1.5%**

- D. **Contracts in Excess of \$10,000,000 and Less Than or Equal to \$20,000,000.** See instructions in Section 2.01.
- Micro, Small, or SBA-LBE 2%**
- E. **Mentor-Protégé Program Bid Discount/Rating Bonus.** The Mentor Protégé rating bonus is not applicable to professional services contracts. However, for this CMD Attachment 2, the Mentor Protégé rating bonus/bid discount is applicable for Design-Build and/or CM/GC projects only. See instructions in Section 2.01.
- Mentors of the Mentor-Protégé Program 1%**



**Section 3. Proposer, Joint Venture Partners, Subconsultant, and Vendor Information**

Provide information for each firm listed in Section 1 of this form. Firms which have previously worked on City contracts may already have a vendor number. Vendor numbers of LBE firms are located on the CMD LBE website at <http://www.sfgov.org/cmd>. Use additional sheets if necessary.

FIRM NAME:	_____	VENDOR #:	_____
ADDRESS:	_____	FEDERAL ID #:	_____
CITY, ST, ZIP:	_____	PHONE:	_____
SERVICE:	_____	EMAIL:	_____

FIRM NAME:	_____	VENDOR #:	_____
ADDRESS:	_____	FEDERAL ID #:	_____
CITY, ST, ZIP:	_____	PHONE:	_____
SERVICE:	_____	EMAIL:	_____

FIRM NAME:	_____	VENDOR #:	_____
ADDRESS:	_____	FEDERAL ID #:	_____
CITY, ST, ZIP:	_____	PHONE:	_____
SERVICE:	_____	EMAIL:	_____

FIRM NAME:	_____	VENDOR #:	_____
ADDRESS:	_____	FEDERAL ID #:	_____
CITY, ST, ZIP:	_____	PHONE:	_____
SERVICE:	_____	EMAIL:	_____

FIRM NAME:	_____	VENDOR #:	_____
ADDRESS:	_____	FEDERAL ID #:	_____
CITY, ST, ZIP:	_____	PHONE:	_____
SERVICE:	_____	EMAIL:	_____

FIRM NAME:	_____	VENDOR #:	_____
ADDRESS:	_____	FEDERAL ID #:	_____
CITY, ST, ZIP:	_____	PHONE:	_____
SERVICE:	_____	EMAIL:	_____



**FORM 3: CMD COMPLIANCE AFFIDAVIT**

1. I will ensure that my firm complies fully with the provisions of Chapter 14B of the San Francisco Administrative Code and its implementing Rules and Regulations and attest to the truth and accuracy of all information provided regarding such compliance.
2. Upon request, I will provide the CMD with copies of Contracts, subcontract agreements, certified payroll records and other documents requested so the HRC and CMD (as applicable) may investigate claims of discrimination or non-compliance with either Chapter 12B or Chapter 14B.
3. I acknowledge and agree that any monetary penalty assessed against my firm by the Director of the Contract Monitoring Division shall be payable to the City and County of San Francisco upon demand. I further acknowledge and agree that any monetary penalty assessed may be withheld from any monies due to my firm on any Contract with the City and County of San Francisco.
4. I declare and swear under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct and accurately reflect my intentions.

**Signature of Owner/Authorized Representative:** \_\_\_\_\_

**Owner/Authorized Representative (Print)** \_\_\_\_\_

**Name of Firm (Print)** \_\_\_\_\_

**Title and Position** \_\_\_\_\_

**Address, City, ZIP** \_\_\_\_\_

**Federal Employer Identification Number (FEIN):** \_\_\_\_\_

**Email** \_\_\_\_\_

**Date:** \_\_\_\_\_



**FORM 4: CMD JOINT VENTURE FORM**

This form must be submitted ONLY if the Proposer is requesting a Joint Venture partnership with a Small and/or Micro- LBE firm for the rating bonus. The Joint Venture partners must submit a Joint Venture agreement and management plan with the proposal. All work must be accounted for including subconsulting work.

1. Name of Contract or Project: \_\_\_\_\_

2. Name of all JV partners: (Check LBE if applicable)

	LBE <input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

3. Attach a copy of Joint Venture Agreement and Management plans.

4. The management plan must include the following information:

- a. Describe in detail how decisions will be made for work distribution and compliance of Small and/or Micro-LBE Joint Venture participation.
- b. Provide each Joint Venture partner’s specific duties and responsibilities (include organizational chart).
- c. Identify the Location of Joint Venture Office.
- d. Provide in detail how decision will be made for work distribution to LBE subconsultants and/or vendors.
- e. Submit copies of bank signature cards with authorized names, titles, and address/city of the bank (required after award of Contract.)

5. Calculation of the Rating Bonus. See §2.02(D) of CMD Attachment 2 for an example.

If the Joint Venture partners are dividing the work according to a different formula than that described below, please contact CMD staff and describe the arrangement in detail prior to submittal of proposal.

Joint venture partners are encouraged to meet with CMD regarding their Joint Venture prior to submitting their proposal.

The rating bonus is awarded based on the Small and/or Micro-LBE JV partner tasks calculated as a percentage of the total JV partner tasks.

Joint Venture partners may be in different industries provided that each Joint Venture partner meets the minimum qualifications in the Bid or proposal, and each is acting as a prime. The LBE Joint Venture partner must perform Prime Level Work and be CMD certified for the scope of work they are proposing to perform in order to be eligible for the rating bonus. “Prime Level Work” means any portion of work that is listed in the prime’s minimum qualification section in the RFQ/RFP. Joint Ventures receive rating bonuses depending upon the LBE percentage of prime level participation as set forth in Section 14B.7(F) of the Ordinance. Note that any supportive/subconsulting level work will not be counted towards the eligibility for the Joint Venture rating bonus.



Step 1. Calculate total JV partner tasks.

Total Contract Tasks	=	100 %
Percentage of Total Work to be Performed by Subconsultants	-	%
Percentage of JV partner tasks	=	%

Step 2. Calculate Small and/or Micro-LBE JV partner prime level task(s):

	A	B	C
Description of JV Partner Scopes of Work (Specific Details of Work)	JV Partners' Work as a % of the Total Project	% of Task by Non-LBE JV Partner	% of Task by Small and/or Micro-LBE JV Partner
	%	%	%
	%	%	%
	%	%	%
	%	%	%
	%	%	%
<b>TOTAL JV %</b>	%	%	%

Step 3. Calculate Small and/or Micro-LBE JV partner work as a percentage of the total JV partner work for the rating bonus.

Total Small and/or Micro-LBE JV Partner %	÷	Total JV %	=	%
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**JOINT VENTURE PARTNERS MUST SIGN THIS FORM**

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

\_\_\_\_\_  
 Name (Print)                      Title

\_\_\_\_\_  
 Firm Name

\_\_\_\_\_  
 Telephone                      Email

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Name (Print)                      Title

\_\_\_\_\_  
 Firm Name

\_\_\_\_\_  
 Telephone                      Email

\_\_\_\_\_  
 Date

