



# Contra Costa County Employment & Human Services

## CONTRACTOR SBE FORM

For surveying purposes within Contra Costa County Employment & Human Services Department (EHSD), please fill out the form below. Your information will be used by EHSD to determine Small Business Enterprise (SBE) contractors doing business within the County (if applicable).

If you are  Non-Profit or  Public Agency, check the appropriate box, complete the sections 1 and 5 and return the form to your Program Analyst

SECTION 1 – CONTACT INFORMATION	
Name of Contractor (Print)	
Street Address (City, State)	(Zip Code)
Mailing Address (City, State)	(Zip Code)
<input checked="" type="checkbox"/> Contact Numbers (Check preferred) <input type="checkbox"/>	
Business Phone Number ( )	Cell Phone Number ( )
E-mail	Employer Identification # (if applicable)

SECTION 2 – WORK CONDUCTED BY CONTRACTOR (Generally describe what your business does)	
Vendor/Supplier	
Consultant/ Service Provider	
Other (If none of the above categories apply)	

SECTION 3 – DESCRIPTION OF BUSINESS
<p><b>Description of Business Type (Check all that apply):</b></p> <p><input type="checkbox"/> <b>Small Business Enterprise (SBE)</b> – independently owned and operated; cannot be dominant in its field of operation; must have its principal office located in California; must have its owners (or officers in the case of a corporation) domiciled in California; <b>AND</b> together with affiliates, be either: a business with 100 or fewer employees, an average annual gross receipts of \$14 million or less over the previous three tax years, or a manufacturer with 100 or fewer employees.</p> <p><input type="checkbox"/> <b>Minority Business Enterprise (MBE)</b> - at least 51% owned and managed on a daily basis by one or more minorities who are citizens or lawful permanent residents of the United States and member(s) of a recognized ethnic or racial group <b>AND</b> its home office is located in the United States.</p> <p><input type="checkbox"/> <b>Women Business Enterprise (WBE)</b> - at least 51% owned and managed on a daily basis by one or more women who are citizens or lawful permanent residents of the United States <b>AND</b> its home office is located in the United States.</p> <p><input type="checkbox"/> <b>Disadvantaged Business Enterprise (DBE)</b> - at least 51% owned and managed on a daily basis by socially- and economically-disadvantaged individuals (pursuant to Section 3 of the Small Business Act). DBE certifications are used only for state- or federally funded projects that have DBE goals or requirements.</p> <p><input type="checkbox"/> <b>Disabled Veteran Business Enterprise (DVBE)</b> - at least 51% owned and managed on a daily basis by one or more disabled veterans of the military, naval, or air service of the United States with a service-connected disability of at least 10 percent, and who is also a resident of California; <b>AND</b> a sole proprietorship corporation or partnership with its home office located in the United States that is not a subsidiary of a foreign firm.</p> <p><input type="checkbox"/> <b>Local Business Enterprise (LBE)</b> - principal place of business is located within the boundaries of Contra Costa County.</p> <p><input type="checkbox"/> <b>None of the above</b></p>



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### SECTION 4 – CERTIFICATION BY OTHER AGENCIES

State-Certified SBE: Yes  No  State Certification #:

If “Yes,” please attach documentation.

Are you certified with any other agencies as a: Minority Business Enterprise (MBE), Woman Business Enterprise (WBE), Disabled Veteran Business Enterprise (DVBE), or Disadvantaged Business Enterprise (DBE): Yes  No

If “Yes,” please list agency **AND** attach documentation:

### SECTION 5 – CERTIFICATION OF BUSINESS INFORMATION

The undersigned certifies and swears under penalty of perjury that all information contained in this form is true and correct. **Any material misrepresentation will be grounds for terminating any contracts which may be or have been awarded.**

By \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return this SBE Form to your Program Analyst.**