

FORM 2 - AFFIDAVIT**TO BE COMPLETED BY PRIME ONLY**Complete Parts A and C **or** Parts B and C**PART A: SBE and DVBE – MET OR EXCEEDED GOAL**☐ **HAS LISTED SBE and DVBE PARTICIPATION FOR THIS CONTRACT**

The Bidder/Proposer declares to the best of its knowledge, information and belief that by its efforts, it ACHIEVED a level of participation greater than or equal to the SBE/DVBE goal established by Metro for SBE/DVBE participation.

The Bidder/Proposer declares it achieved the following SBE percentage:

_____ Percent (____ %)

The Bidder/Proposer declares it achieved the following DVBE percentage:

_____ Percent (____ %)

PART B: SBE and DVBE – DID NOT MEET GOAL☐ **HAS NOT LISTED SBE and DVBE PARTICIPATION FOR THIS CONTRACT**

The Bidder/Proposer declares to the best of its knowledge, information and belief that while it made efforts to achieve the SBE and DVBE goal, it DID NOT ACHIEVE the SBE and DVBE goal established by Metro. Good Faith Efforts (GFE) is no longer accepted if the SBE and DVBE goals are not met. Bidder/Proposers that do not meet the SBE and DVBE goals will not be eligible for award.

The Bidder/Proposer achieved the following SBE percentage:

_____ Percent (____ %)

The Of Bidder/Proposer achieved the following DVBE percentage:

_____ Percent (____ %)

PART C: LOCAL SMALL BUSINESS ENTERPRISE (LSBE) PREFERENCE

The Proposer declares to the best of its knowledge, information and belief meets the eligibility criteria for a LSBE preference, as defined by Metro program guidelines, as stated in the Letter of Invitation Supplement, Section B, "Local Small Business Enterprise (LSBE) Preference. (Check which applies)

☐ **Bidder/Proposer** itself is a Metro certified LSBE firm☐ **Bidder/Proposer** is not a Metro certified LSBE but subcontracts at least 30% of the contract value with eligible LSBE firms.**PART D: SIGNATURE**Executed on: _____, 20 ____, at, _____, _____
(Date) (City) (State)Business Name: _____
(Street) (City) (State)

Authorized Signature: _____

Printed Name: _____ Title: _____

IFB/RFP/RFIQ Number: _____ Project Name: _____