

## SDVOB PARTICIPATION PLAN AND AFFIRMATION STATEMENT

PA 3760SDV1/9 19

Instructions: Submit one SDVOB PARTICIPATION PLAN AND AFFIRMATION STATEMENT form for each SDVOB firm used on this Contract. To avoid undue repetition, the following terms, as used in this Agreement, shall be construed as follows: Bidder/Proposer/Respondent - can used interchangeably and mean any Contractor, Consultant, Supplier, or Vendor who submits a response to this solicitation.

BID NUMBER AND TITLE:	
BIDDER: Name of Firm:	
Address:	
Email Address:	
SDVOB:	
Name of Firm:	
Address:	Telephone:
Description of work to be performed by SDVOB:	
Calculation (supply only):	
The Bidder is committed to utilizing the above-named SDVOB for the work descrior	
AFFIRMATION of SDVOB	
The above-named SDVOB affirms that it will perform the portion of the Contract	for the estimated dollar value as stated above.
By:	Date:
By: Signature of Principal or Officer of SDVOB – Print Name and Title	
Participation Plan and Affirmation Statement and the information contained in it is	(company name), certify that I have read the PA 3760SDV1 SDVOB strue. I fully understand that any false statement within this submittal may prevent the osers in connection with future agreements. In addition, any false statement within this he state and federal courts of New York and New Jersey.
Signature of BidderTitle	Date
Please Note: Only 60% of the expenditure to a SDVOB material supplier will be counted to estimated SDVOB dollar value of work. Plan cannot be accepted without calculation.	oward the SDVOB goal. Please show calculation above. Example: $$100,000 \times 60\% = $60,000$

Officer of Bidder must have ACKNOWLEDGEMENT BY NOTARY PUBLIC completed on the reverse side.

## ACKNOWLEDGEMENT BY NOTARY PUBLIC

## PA 3760SDV1 SDVOB PARTICIPATION PLAN AND AFFIRMATION STATEMENT (reverse)

STATE OFCOUNTY OF	) S.S.:		
, of	, personally known to me or	e, the above undersigned, personally appeared r proved to me on the basis of satisfactory evidence to be the individual wild be same in his/her capacity.	
Name of Notary (print):			
(Affix Notary Stamp Here)			
My Commission Expires	(Notary Signature)	(Date)	