APPENDIX D
SLBE REQUIRED DOCUMENTS

CLAYTON COUNTY PUBLIC SCHOOLS

INCLUSIVITY IN PURCHASING

SMALL LOCAL BUSINESS ENTERPRISE (SLBE) PROGRAM

It is the policy of Clayton County Public Schools (CCPS) to promote full and open opportunity for all persons and businesses to participate in CCPS procurement. To help accomplish this goal, the Clayton County Board of Education has enacted an Inclusivity in Purchasing Policy. A race, ethnicity and gender neutral Small Local Business Enterprise (SLBE) Program has been developed to promote the growth and development of local small businesses, strengthen the local CCPS economy, contribute to the local tax base and expand employment opportunities for local residents. The SLBE program is designed to ensure that that those seeking to participate in solicitations valued at $50,000 or greater are not precluded or discriminated against based on race, color, religion, national origin, disability, ethnicity, sex or gender. For all qualified solicitations, the program also requires that SLBE Contracting Goals be met, or Good Faith Efforts (GFE) to meet the goals be demonstrated.

SLBE Contracting Goals	
Construction and Construction Management Services	15%
Professional Services	15%
Goods or Services	15%

The SLBE program identifies for-profit Small Local Business Enterprises located and operating within the geographical boundaries of Clayton County, Georgia and for-profit Small Locally Based Businesses located and operating outside of the geographical boundaries of Clayton County, Georgia but within the surrounding Atlanta Metropolitan Statistical Area (MSA) that includes the following counties: Barrow, Bartow, Carroll, Cherokee, Cobb, Coweta, Dekalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Paulding, Pickens, Rockdale, Spalding, and Walton. To be located means to have a physical presence within the geographical boundaries of Clayton County or the MSA such as an office, warehouse or other business facility, but specifically excluding the existence of a post office box without any other presence, for at least one (1) year prior to the date of the submission of a bid or proposal. To operate means to be the holder of a current business license issued by the local government within Clayton County or the MSA for at least one (1) year prior to submission of a bid or proposal.

Since this is a new program and CCPS is currently establishing a database of certified SLBEs, bidders/proponents may utilize any SLBE(s) certified by one of the official certifying agencies in Clayton County or from one of the listed counties within the MSA to meet SLBE Contracting Goals. SBEs qualified by the SBA with a current business license from Clayton County or one of the listed counties within the MSA may also be utilized. Proof of certification and current

business license must be submitted with Bidder's/Proposer's response to any qualified solicitation.

Certified SLBEs located and operating within Clayton County, Georgia that contribute to the local tax base are granted a preference on bids and proposals submitted in response to qualified solicitations.

SLBE-CLAYTON PREFERENCES The preference/bid-match provisions do not apply to solicitations or bids where applicable procurement laws prohibit or restrict these types of preferences, including construction projects covered by the Georgia Local Government Public Works Construction Law.	
Request for Proposals (RFP)	**5 Points in Initial Evaluation**
Invitations for Bids(IFB)	**Bid Match** Lowest SLBE-CLAYTON bidder will be allowed to match the low bid of a Non SLBE-CLAYTON bidder if such bid is responsible and responsive and within five (5) percent of the low bid submitted by a Non SLBE-CLAYTON bidder. The SLBE-CLAYTON must match the bid in timeframe prescribed by CCPS.

Without exception all bidders/proponents, including those that are SLBEs, must comply with all SLBE program requirements. Each bidder/proponent, including SLBE bidders/proponents, must submit documentation showing that the required SLBE contracting percentage goal will be performed by a certified SLBE. Please find attached hereto the mandatory forms and requirements for this particular solicitation. The mandatory documents include:

1. SLBE Subcontractor/Supplier Utilization Plan;
2. Letter of Intent describing the work, material, equipment and/or services to be provided by each SLBE and the agreed percentage of participation; and
3. Subcontractor/Supplier Contact List and Documentation of Good Faith Efforts (GFE).

Bidders/Proponents failing to meet the SLBE contracting goal must document contacts and demonstrate GFE on the prescribed form. GFE may include, but are not limited to, the following:

a) Identifying scope(s) of work which may be available for the inclusion of SLBEs or making efforts to divide work into subcontracting areas wherein SLBEs are likely to be successful;
b) Assisting potential SLBEs with bonding, insurance or other contracting requirements;
c) Attending pre-solicitation meetings to meet potential SLBEs;
d) Reviewing SLBE registry and contacting those that can perform a Commercially Useful Function on a specific project;
e) Advertisement in a trade publication or journal to target SLBEs for a specific project.
f) Hosting a virtual or in-person event to solicit SLBEs; and
g) Outreach to advocacy groups/trade associations where SLBEs might be members.

Failure to achieve SLBE contracting goals or demonstrate GFE shall result in a bid or proposal being deemed non-responsive. Protests of a non-responsive determination must be made in accordance with the protest provisions provided in the solicitation.

Following contract award, Prime Contractors are required to report SLBE usage with each request for payment but not less than once each month in the form and method to be prescribed by CCPS. To remain compliant, all Prime Contractors must submit proof of payment to all SLBE sub-contractors within seven (7) days of receipt of payment from CCPS. SLBE sub-contractors must submit proof of receipt of payment to CCPS within seven (7) days of receipt of payment from each Prime Contractor in the form and method to be prescribed by CCPS. False statements or representations, or the failure to provide required reporting and documentation shall constitute a material breach of contract entitling CCPS to pursue remedies for default, including termination of contract and debarment from future awards.

SLBE participation shall be counted by calculating the value of the commercially useful function provided. Suppliers shall receive full SLBE participation credit if they regularly manufacture or warehouse materials, supplies or equipment supplied for use; otherwise the maximum amount of participation credited shall be sixty percent (60%).

SLBEs bidders/proponents may meet up to fifty percent (50%) of the SLBE goal when it self-performs at least fifty percent (50%) of the scope of work.

SLBE SUBCONTRACTOR/SUPPLIER UTILIZATION PLAN

Directions to Bidder/Proponent: Please complete this form in its entirety and submit with bid/proposal documents. Attach a copy of each SLBE'S proof of certification and current business license. A signed Letter of Intent from each SLBE listed must completed and attached.

Bidder/Proponent:

Solicitation: Name:

Solicitation Number:

1. My firm, as the prime bidder/proponent on this unit of work, is a certified (check all that apply):
   ☐ SLBE-CLAYTON ☐ SLBE-MSA

2. If you are a certified SLBE-CLAYTON or SLBE-MSA, please indicate the percentage of work that your firm will carry out directly:

3. If the prime bidder/proposer is a joint venture, please describe the nature of the joint venture and the work and percentage of participation to be provided by the SLBE-CLAYTON or SLBE-MSA.

4. List the SLBE-CLAYTON or SLBE-MSA subcontractors and/or firms (including suppliers) to be utilized on this contract, if awarded. No changes can be made in the subcontractors listed below without the prior written approval of CCPS.

4a) Name of Company:

Address:

Contact Person: Email:

Telephone:

Indicate certification:

☐ SLBE-CLAYTON ☐ SLBE-MSA

Please indicate if the SLBE-CLAYTON/SLBE-MSA is also a: (please check all that apply and attach any proof of certification available):

☐ Minority Owned Business Enterprise (MBE)
☐ Woman Owned Business Enterprise (WBE)
☐ Disadvantaged Business Enterprise(DBE)
☐ Veteran or Service Disable Veteran Owned

☐ African American
☐ Caucasian American
☐ Hispanic American
☐ Asian Pacific
☐ Native American

Description of services to be performed:

Percentage of total work to be performed:

Dollar Value of work to be performed:

4b) Name of Company:

Address:

Contact Person: Email:

Telephone:

Indicate certification status and attach proof of certification:

☐ SLBE-CLAYTON ☐ SLBE-MSA

Please indicate if the SLBE-CLAYTON/SLBE-MSA is also a: (please check all that apply and attach any proof of certification available):

☐ Minority Owned Business Enterprise (MBE)
☐ Woman Owned Business Enterprise (WBE)
☐ Disadvantaged Business Enterprise(DBE)
☐ Veteran or Service Disable Veteran Owned

☐ African American
☐ Caucasian American
☐ Hispanic American
☐ Asian Pacific
☐ Native American

Description of services to be performed:

Percentage of total work to be performed:

Dollar Value of work to be performed:

4c) Name of Company:

Address:

Contact Person: Email:

Telephone:

Indicate certification status and attach proof of certification:

☐ SLBE-CLAYTON ☐ SLBE-MSA

Please indicate if the SLBE-CLAYTON/SLBE-MSA is also a: (please check all that apply and attach any proof of certification available):

☐ Minority Owned Business Enterprise (MBE)
☐ Woman Owned Business Enterprise (WBE)
☐ Disadvantaged Business Enterprise(DBE)
☐ Veteran or Service Disable Veteran Owned

☐ African American
☐ Caucasian American
☐ Hispanic American
☐ Asian Pacific
☐ Native American

Description of services to be performed:

Percentage of total work to be performed:

Dollar Value of work to be performed:

4d) Name of Company:

Address:

Contact Person: Email:

Telephone:

Indicate certification:

☐ SLBE-CLAYTON ☐ SLBE-MSA

Please indicate if the SLBE-CLAYTON/SLBE-MSA is also a: (please check all that apply and attach any proof of certification available):

☐ Minority Owned Business Enterprise (MBE)
☐ Woman Owned Business Enterprise (WBE)
☐ Disadvantaged Business Enterprise(DBE)
☐ Veteran or Service Disable Veteran Owned

☐ African American
☐ Caucasian American
☐ Hispanic American
☐ Asian Pacific
☐ Native American

Description of services to be performed:

Percentage of total work to be performed:

Dollar Value of work to be performed:

4e) Name of Company:

Address:

Contact Person: Email:

Telephone:

Indicate certification:

☐ SLBE-CLAYTON ☐ SLBE-MSA

Please indicate if the SLBE-CLAYTON/SLBE-MSA is also a: (please check all that apply and attach any proof of certification available):

☐ Minority Owned Business Enterprise (MBE)
☐ Woman Owned Business Enterprise (WBE)
☐ Disadvantaged Business Enterprise(DBE)
☐ Veteran or Service Disable Veteran Owned

☐ African American
☐ Caucasian American
☐ Hispanic American
☐ Asian Pacific
☐ Native American

Description of services to be performed:

Percentage of total work to be performed:

Dollar Value of work to be performed:

LETTER OF INTENT TO PERFORM AS SUBCONTRACTOR/SUPPLIER PROVIDING MATERIALS OR SERVICES

(A Letter of Intent Must Be Submitted For Each Subcontractor/Supplier)
Proof of Certification and current Business License must be attached.

Solicitation Name:_____

Solicitation Number:_____

Bidder/Proponent: Name:_____

Subcontractor/Supplier: Company Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Contact Person: Name: _____Phone: _____

Email: _____

Subcontractor/Supplier is performing as: ☐ SLBE-Clayton ☐ SLBE-MSA ☐ Non -SLBE

☐ Joint Venture Team Member

NIGP Code for Work Performed	Description of Work to be Performed	Dollar(s) Value of Work	Percentage (%) of Total Bid Amount
TOTAL SLBE Credit Claimed for this Subcontractor/Supplier		**$**	**%**

AFFIRMATION:

The above-named Subcontractor/Supplier firm affirms that it will perform the portion of the contract for the estimated dollar value as stated above.

By: _____
(Print Name) (Title)

_____
(Signature) (Date)

*** In the event the bidder/proponent does not receive award of the prime contract, all representations in this Letter of Intent and Affirmation shall be invalidated.**

SLBE Subcontractor/Supplier Contact Form

1. List ***all subcontractors or suppliers*** (SLBEs and Non-SLBEs) that were contacted regarding this project.

Name of Sub-contractor/ Supplier	Contact Name, Address and Phone Number	Ethnicity & Gender of Majority Owner(s)	NIGP Codes	Type of Work Being Solicited	SLBE (Yes or No)	Results of Contact

ETHNICITY AND GENDER LEGEND: AA - African American, HA – Hispanic, AP – Asian Pacific, NA – Native American
CA-Caucasian American M – Man, W – Woman

2. **Were Any Of The Following Good Faith Efforts Taken?**

	Yes	No	Good Faith Effort	Details of Activities
1.			Identifying scope(s) of work which may be available for the inclusion of SLBEs or making efforts to divide work into subcontracting areas wherein SLBEs are likely to be successful.	
2.			Assisting potential SLBEs with bonding, insurance or other contracting requirements.	
3.			Attending pre-solicitation meetings to meet potential SLBEs.	
4.			Reviewing SLBE registry and contacting those that can perform a Commercially Useful Function on a specific project.	
5.			Advertisement in a trade publication or journal to target SLBEs for a specific project.	
6.			Hosting a virtual or in-person event to solicit SLBEs.	
7.			Describe in detail any other Good Faith Efforts taken. Attach any supporting documentation. Use additional sheets if necessary.	

Bidder/Proponent Name:

Solicitation Name:

Solicitation Number: