



OFFICE OF SUPPLIER DIVERSITY
CITY OF NEW ORLEANS

Contract Compliance Form-1 | **RESPONSIVENESS FORM**

Contact Office of Supplier Diversity for questions on completing this form.
Via email: supplierdiversity@nola.gov

Instructions: Prior to award of a City contract, please complete and submit Compliance Form-1. To ensure proper calculations, forms MUST be completed electronically. Forms can be submitted via the BRASS portal or in-person at the Bureau of Purchasing. List all DBE and Non-DBE firms that will be utilized, and list scopes of work/services or goods they will perform or provide. Please ensure that all authorized signatories of each DBE firm listed sign this form. If you have not attained the amount of DBE participation to meet the contract goal, you are required to complete and submit Compliance Form-2 along with all required supporting Good Faith Efforts (GFE) documentation. Please reference the GFE Policy for further guidance. The GFE Policy is available via [our website](#) or by request at supplierdiversity@nola.gov.

Solicitation #: _____ Project Name: _____ Date: ____/____/____

Name of Bidder/Proposer: _____ has satisfied the requirements of the bid/proposal specifications for the above-referenced ITB/RFP/RFQ or solicitation by the City of New Orleans in the following manner:

(Please check the appropriate space)

The bidder/proposer is committed to the contract goal of _____% DBE utilization on this contract.

The bidder/proposer is unable to meet the current DBE contract goal, however, is committed to a minimum of _____% DBE utilization on this contract and will submit documentation demonstrating good faith efforts in addition to this form. *(Please complete and submit DBE Compliance Form-2 along with all required supporting documentation)*

Total Bid/Proposal Amount:	\$	100%
Total proposed DBE Amount:	\$	%

Bidder/Proposer's point-of-contact:

Name: _____ Title: _____ Phone: _____ Email: _____



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Solicitation #: _____ Bidder/Proposer: _____

DBE COMMITMENT TO CONTRACT GOAL: (Use additional pages if necessary)

Subcontractors/Subconsultants and Manufacturers

Every DBE firm listed must be utilized on the project and must perform a Commercially Useful Function. To remove or replace a DBE firm you must request & submit a Modification Request (Form 4) and receive approval from the OSD prior to removal or replacement the DBE firm.

Name of DBE Firm	Tier 1, 2, or 3 Subcontractor?	Certification (SLDBE or LAUCP)	Scope of Work to be performed by the DBE (including cost and % of contract)		
			Description/Scope	Cost	% of Contract
1.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
2.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
3.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
4.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
TOTALS:				\$	%

*If you have more than four DBE firms, please fill out the 'Additional DBE Firms' table at the bottom of this document.



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Suppliers (For participation towards DBE Goal, count only 60% of total proposed Contract Value)

*Manually calculate and enter the contract amount and percentage for each

Name of DBE Firm	Certification (SLDBE or LAUCP)	Supplies to be provided by the DBE	100% of Value of Proposed Contract with DBE Supplier	60% Value of Proposed Contract with DBE Supplier	% of Total Contract
1.			\$	\$	%
2.			\$	\$	%
3.			\$	\$	%
4.			\$	\$	%
5.			\$	\$	%
TOTAL				\$	%

DBE AFFIRMATION: (Attach additional pages if necessary)

The listed DBE firm(s) below affirm(s) that it will perform the Scope of Work for the estimated dollar value as stated in the DBE Commitment to Contract Goal section on page. The listed DBE firm(s) also acknowledge(s) that they have a current and active certification for the given scope of work. A lack of certification for the provided scope will result in no DBE credit for those services.

Name of DBE Firm	Name of DBE Firm's Authorized Representative	Signature of DBE Firm's Authorized Representative	Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			

*If you have more than seven DBE firms, please fill out the 'Additional DBE Firms' table at the bottom of this document.



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RFP/RFQ/Bid/Solicitation/Other #: _____

Bidder/Proposer: _____

NON-DBE SUBCONTRACTORS AND SUPPLIERS: (Attach additional pages if necessary)

Name of Firm	Phone	Scope of Work to be performed by the Subcontractor	Value of Proposed Contract	% of Total Contract
1.			\$	%
2.			\$	%
3.			\$	%
4.			\$	%
5.			\$	%
6.			\$	%
7.			\$	%
8.			\$	%
9.			\$	%
10.			\$	%
11.			\$	%
12.			\$	%
13.			\$	%
14.			\$	%
15.			\$	%

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. NON-COMPLIANCE AND FALSIFICATION OF INFORMATION IS SUBJECT TO REPERCUSSIONS AS STATED IN THE [EBO RULES AND REGULATION POLICY](#).

PRINT NAME: _____ SIGNATURE: _____ TITLE: _____ DATE: _____



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Name Of DBE Firm	Name Of DBE Firm's Authorized Representative	Signature Of DBE Firm's Authorized Representative	Date
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			



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			Description/Scope	Cost	% of Contract
5.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
6.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
7.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
8.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
			OVERALL TOTAL (including first four firms):	\$	%