

MODIFIED SDVOB PARTICIPATION PLAN AND AFFIRMATION STATEMENT

PA 3760SDV2/9 19

Instructions: Submit one Modified 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:			
		Telephone:	
Email Address:			
SDVOB:			
Name of Firm:			
		Telephone:	
Description of work to be perf	Formed by SDVOB:		
Calculation (supply only):			
or		e is and the anticipated completion date is	
	AFFIRMATION of SDVOB		
The above-named SDVOB as	ffirms that it will perform the portion of the Contract	t for the estimated dollar value as stated above.	
By:		Date:	
Signature of Principa	l or Officer of SDVOB – Print Name and Title		
SDVOB Participation Plan and company and/or the undersign	d Affirmation Statement and the information contained from being found to be responsible Bidders/Proposition	(company name), certify that I have read the Modified PA 3760SDV2 ted in it is true. I fully understand that any false statement within this submittal may prevent obsers in connection with future agreements. In addition, any false statement within this the state and federal courts of New York and New Jersey.	ent the
Signature of Bidder	Title	eDate	
	penditure to a SDVOB material supplier will be counted to f 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 3760SDV2 MODIFIED SDVOB PARTICIPATION PLAN AND AFFIRMATION STATEMENT (reverse)

STATE OF) S.S.:		
COUNTY OF)		
		e me, the above undersigned, personally appearedne or proved to me on the basis of satisfactory evidence to be the indi	
whose name(s) is (are) subscribed	to the within instrument and ack	knowledged to me that he/she executed the same in his/her capacity.	.viduai(s)
Name of Notary (print):		_	
(Affix Notary Stamp Here)			
My Commission Expires			
	(Notary Signature)	(Date)	