

**OFFICE OF DIVERSITY, EQUITY AND INCLUSION**

**APPENDIX A4A : ACDBE PARTICIPATION PLAN AND AFFIRMATION STATEMENT**

**PA 6464'A CE/ 10-22**

Instructions: Submit one ACDBE PARTICIPATION PLAN AND AFFIRMATION STATEMENT form for each ACDBE 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 be used interchangeably and signify any Contractor, Consultant, Supplier, or Vendor who submits a response to this solicitation.

**CONTRACT NUMBER AND TITLE:** \_\_\_\_\_

**BIDDER:**

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**ACDBE:**

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Description of work to be performed by ACDBE: \_\_\_\_\_

Calculation (supply only): \_\_\_\_\_

The Bidder is committed to utilizing the above-named ACDBE for the work described above. The estimated dollar value of this work is \$ \_\_\_\_\_ or \_\_\_\_\_ % of the total contract amount of \$ \_\_\_\_\_. The anticipated start date is \_\_\_\_\_ and the anticipated completion date is \_\_\_\_\_.

**AFFIRMATION of ACDBE**

The above-named ACDBE affirms that it will perform the portion of the Contract for the estimated dollar value as stated above.

By: \_\_\_\_\_  
**Signature** of Principal or Officer of ACDBE – Print Name and Title \_\_\_\_\_ Date \_\_\_\_\_

If the Bidder does not receive award of the Contract, any and all representations in this Modified ACDBE Participation Plan and Affirmation Statement shall be null and void.

I \_\_\_\_\_ (print name), an officer of \_\_\_\_\_ (company name), certify that I have read the Appendix A4A ACDBE Participation Plan and Affirmation Statement and the information contained in it is true. I fully understand that any false statement within this submittal may prevent the company and/or the undersigned from being found to be responsible Bidders/Proposers in connection with future agreements. In addition, any false statement within this submittal may subject the company and/or the undersigned to criminal charges in the state and federal courts of New York and New Jersey.

Signature of Bidder \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please Note: Only 60% of the expenditure to a ACDBE material supplier will be counted toward the ACDBE goal. Please show calculation above. Example: \$100,000 x 60% = \$60,000 estimated DBE dollar value of work. Plan cannot be accepted without calculation.

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

**ACKNOWLEDGMENT BY NOTARY PUBLIC**

**APPENDIX A4A  
ACDBE PARTICIPATION PLAN AND AFFIRMATION STATEMENT (reverse)**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )SS:

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_\_, before me, the above undersigned, personally appeared \_\_\_\_\_, the \_\_\_\_\_, of \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity.

Name of Notary (print) \_\_\_\_\_

(Affix Notary Stamp Here)

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
(Date)