UNC HUB Certification

(Form to be Submitted by Institution with Award Request Letter)

Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minority Participation – Total and by Category (%)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minority categories: Black/African-American (**B**), Hispanic (**H**), Asian-American (**A**), American Indian (**I**), Caucasian Female (**F**), Socially and Economically Disadvantaged (**D**), Total (**T**)

Please check the boxes that apply and provide a copy of the affidavit(s).

**Affidavit A** The apparent low bidder has provided Affidavit A (Listing of the Good Faith Effort).

**Affidavit B** The apparent low bidder has provided Affidavit B (Intent to Perform Contract with Own Workforce). Documentation of effort to utilize minority business suppliers must be provided with Affidavit B.

**Affidavit C** The apparent low bidder has provided Affidavit C (Portion of the Work to be Performed by Minority Firms).

**Affidavit D** The apparent low bidder has provided Affidavit D (Good Faith Efforts). Documentation of Good Faith Effort must be provided with Affidavit D.

Please check the appropriate boxes and complete the portion that applies:

The apparent low bidder has indicated that he/she has performed \_\_\_\_\_\_\_ out of the 10 “Good Faith Efforts” and has provided supporting documentation.

I have reviewed the documentation and concur that sufficient effort has been expended to award the contract.

The Institution has notified minority businesses that have requested notices from the public entity in accordance with G.S. 143-128.2

Comments:

Documentation provided by the contractor supporting his/her “Good Faith Effort” must be submitted with the award request letter.

Date:\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name (Printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title: HUB Coordinator