



# City of Columbia

## Subcontractor Qualification Statement

### Subcontracting Outreach Program (SOP)

I certify that My Company meets all of the following qualifications below to be an eligible Subcontractor, Vendor/Supplier, or Manufacturer for the Subcontracting Outreach Program (SOP).

Please check each box below:

Is a qualified Subcontractor, Vendor/Supplier, or Manufacturer, who is certified, or self-identified as a Disadvantaged Business Enterprise (**BDE**); Disabled Veteran Enterprise (**DVBE**); or an Other Business Enterprise (**OBE**) in compliance with the definitions, outlined in the Subcontractor Outreach Program Guidelines.

- Service category (Subcontractor – Vendor/Supplier – Manufacturer): \_\_\_\_\_
- Status (**DBE-DVBE-OBE**): \_\_\_\_\_
- For **DBE & DVBE** Certified Subcontractors, Vendor/Supplier, or Manufacturer:
  - Certifying Entity: (SBA: VETERANS AFFAIRS, SCDOT, GOVERNORS OFFICE, etc.):
    - \_\_\_\_\_
  - Certification Number: \_\_\_\_\_
    - **Attach a copy of the Certification to this document.**

**Check here if non-certified (self-identified).**

Will be performing a commercially useful function; executing a distinct element of work; performing, managing and supervising work.

- Category of work to be performed and/or product supplied \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is in good standing with State of South Carolina (must be in good standing with the State of South Carolina regarding payments of taxes and required business licenses).

Has a valid business license.

Company Name: \_\_\_\_\_

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

Current Business License Number \_\_\_\_\_

Phone Number: \_\_\_\_\_

I certify by my signature below that all of the information given above is true and accurate to the best of my knowledge. I also recognize that by signing - any false information above may lead to penalties or sanctions.

Owner's Name: \_\_\_\_\_

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

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public for the State of \_\_\_\_\_

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

*To be completed by eligible Subcontractor, Vendor/Supplier, and/or Manufacturer*

Please complete and submit this document to: Project Bidder with all other applicable forms.