

Solicitation Number: DRR _____

Every certified SB, MB & DVBE (prime or subcontractor) must complete this form if they will perform an element of the work.

1. CONTRACTOR NAME (Completing Form)		
"DOING BUSINESS AS" (DBA) NAME:	OSDS REF # (Currently certified firms only):	Expiration Date:
2. COMMERCIALLY USEFUL FUNCTIONS (CUF)		
<p>All certified Small Business, Micro Business, and/or DVBE prime contractors, subcontractors or suppliers must meet the commercially useful function requirements under Government Code, Section 14837 (d)(4) (for SB) and Military and Veterans Code, Section 999(b)(5)(B) (for DVBE).</p> <p>Please answer the following questions, as they apply to your company for the goods and services being acquired in this solicitation:</p> <p>Mark all that apply: DVBE <input type="checkbox"/> Small Business <input type="checkbox"/> Micro Business <input type="checkbox"/></p>		
1	Will your business be responsible for the execution of a distinct element of the resulting work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Will your business carry out the obligation of the contract by actually performing, managing, or supervising the work involved?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Will you perform work that is normal for your business, service and functions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	If awarded a contract, will your business subcontract a portion of the work greater than would be expected by normal industry practices?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Will your business be responsible, with respect to products, inventories, materials and supplies required for the contract, for negotiating price, determining quality and quantity, ordering, installing (if applicable) and making payment? If this is a service with NO goods involved, check N/A.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
A response of "No" in questions 1, 2, 3, and 5 or a response of "Yes" in question 4 may result in your submittal being deemed non-responsive and disqualified.		
3. WRITTEN STATEMENT		
Provide a written statement below detailing the role, services and goods your company will provide to meet the commercially useful function requirement. At the State's option prior to award, you may be required to submit additional clarifying information.		
<div style="border: 1px solid black; height: 300px; width: 100%;"></div>		

The signatory of this document must be the certified business owner (or authorized representative in the case of a corporation) and as such, hereby certifies under penalty of perjury under the laws of the State of California that all information provided herein is truthful and accurate.

AUTHORIZED REPRESENTATIVE SIGNATURE:	TITLE:
PRINTED NAME:	DATE:

CALRECYCLE USE ONLY: Approved ☐ Denied ☐

CALRECYCLE BUYER SIGNATURE:	PRINTED NAME:	DATE:
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