

Performance Confirmation

Date:		
Name:		
Performance name:		
Address:		
Phone:	Email:	
Confirming our email/telephone conversation of	, we have scheduled your program	
(day) (date) at	(title) for (time).	
<u> </u>		
Funded by Library Funded by Friends	Other Funding for a new years	
The fee which we agreed on during our conversation will in length.	be \$ for a program	
(Signature of Performer)		
,	the time of the performance. Please let us know the name of	
Your check will be prepared in advance and presented at the time of the performance. Please let us know the name of the person or performance group to whom the check should be written by completing the box below and returning 1 (one) copy to the address below.		
MAKE THE CHECK PAYABLE TO:		
For Library Staff Use Only		
Is vendor certified with Contra Costa Cour Business Enterprise, Minority business Enter Business Enterprise, Disadvantaged Busines Disabled Veteran Business Enterprise or I Enterprise?	rprise, Women ess Enterprise, Ves No W-9 Included	
If vendor is not currently certified & registered with the State of California or Contra Costa County as indicated above vendor must complete the Contra Costa County Business Opportunities Registration and Certification Form (Revised 08/02/2012) and submit to:		
Contra Costa County General Services Department, Purchasing Div 1220 Morello Avenue, Suite 210 Martinez, CA 94553 Fax: (925) 313-7319	rision	
Thank you for agreeing to perform at the Library. We are looking forward to your program.		
More information on vendor registration with the County can be found at: http://www.co.contra-		
costa.ca.us/3601/Doing-Business-with-the-County	(Library Name)	
	(Address)	
	(Phone)	
Vendor Registration:	(1 none)	
http://ca-contracostacounty.civicplus.com/DocumentCenter/Home/View/8565		
Enclosures:		



Contra Costa County Business Opportunities

REGISTRATION AND CERTIFICATION FORM

If you are interested in receiving information regarding upcoming business opportunities with Contra Costa County, please fill out the form below. Your information will be included in the County's SBE and Outreach Databases and used by County departments to: 1) notify you regarding upcoming contracting and bidding opportunities and/or 2) certify your firm as a Small Business Enterprise (if applicable).

SECTION 1 – CONTACT INFORMATION			
Name of Firm (Print)			
Street Address (City, State)	(Zip C	Code)	
Mailing Address (City, Sta	tate) (Zip 0	Code)	
Contact Numbers (Chester	nvafarrad		
Contact Numbers (Check p Business Phone Number	·		
()	() ()		
E-mail	Employer Identification # (if applicable)		
SECTION 2 - WORK CONDUCTED BY FIRM (Generally describe what your firm does)			
Vendor/Supplier			
Consultant/			
Service Provider Construction			
Other			
(If none of the above			
categories apply)			
SECTION 3 - DESCRIPT	PTION OF BUSINESS		
Description of Business Type (Check all that apply):			
Small Business Enterprise (SBE) – independently owned and operated; cannot be dominant in its field of operation; must have its principal office located in California; must have its owners (or officers in the case of a corporation) domiciled in California; AND together with affiliates, be either: a business with 100 or fewer employees, an an average annual gross receipts of \$14 million or less over the previous three tax years, or a manufacturer with 100 or fewer employees.			
Minority Business Enterprise (MBE) - at least 51% owned and managed on a daily basis by one or more minorities who are citizens or lawful permanent residents of the United States and member(s) of a recognized ethnic or racial group AND its home office is located in the United States.			
	Women Business Enterprise (WBE) - at least 51% owned and managed on a daily business by one or more women who are citizens or lawful permanent residents of the United States AND its home office is located in the United States.		
Disadvantaged Business Enterprise (DBE) - at least 51% owned and managed on a daily business by socially- and economically-disadvantaged individuals (pursuant to Section 3 of the Small Business Act). DBE certifications are used only for state- or federally-funded projects that have DBE goals or requirements.			
veterans of the mi who is also a resid	In Business Enterprise (DVBE) - at least 51% owned and managed on a daily basis by one of military, naval, or air service of the United States with a service-connected disability of at least of California; AND a sole proprietorship corporation or partnership with its home official is not a subsidiary of a foreign firm.	ast 10 percent, and	
□ Local Business E	Enterprise (LBE) - principal place of business is located within the boundaries of Contra Co	osta County.	
□ None of the above	ove		

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SECTION 4 – CERTIFICATION BY OTHER AGENCIES		
State-Certified SBE: Yes No	State Certification #:	
If "Yes," please attach documentation.		
Are you certified with any other agencies as a: Minority Business Enterprise (MBE), Woman Business Enterprise (WBE), Disabled Veteran Business Enterprise (DVBE), or Disadvantaged Business Enterprise (DBE): Yes		
If "Yes," please list agency AND attach documentation:		
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SECTION 5 – ACKNOWLEDGEMENT OF COUNTY'S USE OF BUSINESS INFORMATION		
The undersigned acknowledges and agrees that the information provided in this form may be included in the SBE and Outreach databases maintained by or for the County, including the e-Outreach system described below.		
SECTION 6 – UPDATING CONTACT INFORMA		
Firms interested in business opportunities with Contra Costa County are strongly encouraged to register on the e-Outreach system maintained for the County at: https://www.bidsync.com . Although the information contained in this form will be added to that system, firms are encouraged to register and update their information on the above website to 1) provide more detailed information regarding their area of work, and 2) ensure that they continually receive notices about business opportunities with Contra Costa County. **November 2: **November 2: **November 3: **November 3: **November 4: *		
Your firm's registration with Contra Costa County will be valid for three years from the date this form is entered into the County's database. After that three-year period, your firm will be required to either confirm or update the information contained herein.		
SECTION 7. CERTIFICATION OF DUSINESS INFORMATION		
SECTION 7 – CERTIFICATION OF BUSINESS INFORMATION The undersigned certifies and swears under penalty of perjury that all information contained in this form is true and correct. Any material misrepresentation will be grounds for terminating any purchase orders or contracts which may be or have been awarded as well as deleting the business from the online SBE and Outreach databases maintained by the County and the County's database contractor. By		
Print Name	Title	
Signature	Date	
Return this Self-Certification Form to: Contra Costa County Public Works, Purchasing Division 255 Glacier Drive		

For clarification or assistance with this form, please contact:

Contra Costa County Purchasing Division Phone: 925-313-2157

Martinez, CA 94553 Fax: 925-313-2150