

**REQUIRED FORMS – EXHIBIT 1**  
**ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

<b>Bidder Name:</b>	<b>County Webven Number:</b>
<b>Address:</b>	
<b>Telephone Number:</b>	<b>Email:</b>
<b>Internal Revenue Service Employer Identification Number:</b>	<b>California Business License Number:</b>
<b>Unique Entity Identifier (UEI):</b>	

<p>1 Select the option that best defines your firm's business structure:</p> <p><input type="checkbox"/> Corporation  <input type="checkbox"/> Limited Liability Company (LLC) Limited  <input type="checkbox"/> Partnership  <input type="checkbox"/> Sole Proprietorship  <input type="checkbox"/> Non-Profit  <input type="checkbox"/> Franchise  <input type="checkbox"/> Other (Specify)</p>	<p><b>If Corporation or Limited Liability Company (LLC):</b>  Legal Name (as stated in Articles of Incorporation):    State of Incorporation:  Year of Incorporation:</p> <p><b>If Limited Partnership or a Sole Proprietorship:</b>  Name of proprietor or managing partner:</p> <p><b>If other:</b> Specify business structure name:</p>
<p>2 Is your firm doing business under one or more DBA's?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Name: Country of Registration: Year became DBA:
<p>3 Is your firm wholly/majority owned by, or a subsidiary of another firm?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	If yes, indicate name of Parent Firm and State of Incorporation. Name of Parent Firm: State of Incorporation or registration of parent firm:
<p>4 Has your firm done business under other names within last five (5) years?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	If yes, indicate any other names and the year of name change. Name(s): Year(s) of Name Change:

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5	List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state "NONE".	
6	Is your firm involved in any pending acquisition or mergers?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide additional information regarding the pending merger.
7	List all names and contact information of all individuals legally authorized to commit the Bidder.	Name Title Phone Email

**REQUIRED FORMS – EXHIBIT 5**  
**COMMUNITY BUSINESS ENTERPRISE (CBE) INFORMATION**

<b>TITLE</b>	<b>REFERENCE</b>			
1 FIRM/ORGANIZATION INFORMATION	The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.			
<b>Total Number of Employees in California:</b>				
<b>Total Number of Employees (including owners):</b>				
<b>Race/Ethnic Composition of Firm.</b> Enter the make-up of Owners/Partners/Associate Partners into the following categories:				
Race/Ethnic Composition	Owners/Partners/ Associate Partners	Percentage of how ownership of the firm is distributed		
	Male	Female	Male	Female
Black/African American			%	%
Hispanic/Latino			%	%
Asian or Pacific Islander			%	%
American Indian			%	%
Filipino			%	%
White			%	%

<b>TITLE</b>	<b>REFERENCE</b>				
2 CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING-OWNED (LGBTQQ) BUSINESS ENTERPRISE	If your firm is currently certified as a minority, women, disadvantaged, disabled veteran or lesbian, gay, bisexual, transgender, queer, and questioning-owned business enterprise by a public agency, complete the following.				
<input checked="" type="checkbox"/> <b>Check if not applicable</b>					
Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	LGBTQQ