

**HOUSING AUTHORITY OF THE COUNTY OF SAN BERNARDINO
 CAPITAL FUND PROGRAM
 715 E. BRIER DRIVE
 SAN BERNARDINO, CA 92408-2841
 (909) 890-0644 FAX (909) 890-4618**

MINORITY/WOMEN'S BUSINESS ENTERPRISE CERTIFICATION

Contractor Name: _____

a. The undersigned acknowledges that it is the policy of the (Company Name):
 _____ to take positive steps to maximize the utilization of
 minority/women's business enterprises in all contract activity administered by the Housing Authority
 of the County of San Bernardino.

b. The undersigned will utilize his best efforts to carry out this policy in the award of his
 subcontracts to the fullest extent consistent with the efficient performance of this contract. As used
 in this contract, the term "minority or women's business enterprise" means a business, at least 50
 percent of which is owned by minority or women's group members or, in the case of publicly owned
 businesses, at least 51 percent of the stock is owned by minority group members or women. For the
 purpose of this definition, minority group members are Black, Hispanics, Asians, Native Americans,
 Alaskans or Pacific Islanders.

c. The undersigned has taken affirmative action to seek out and consider minority and women's
 business enterprises for the portions of work to be subcontracted. Such actions are fully documented
 in his records and available upon request. Results are as follows:

Name and Address of Minority/Women's Firms Contractor Anticipates Utilizing*	Category of Work	Dollar Value of Participation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Bid \$ _____ Total Subcontract
 Amount \$ _____

Minority/Women's Enterprise Total of Subcontract Amount \$ _____

* Indicate whether business is owned by a minority or a woman.