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|------------------------|--------------|-------|-------------------|
| <b>FOR UC USE ONLY</b> | Reviewed by: | Date: | DATABASE ID CODE: |
|------------------------|--------------|-------|-------------------|

**CONSULTANTS ONLY** to be completed by ALL FIRMS OR INDIVIDUALS PROPOSING TO DO BUSINESS WITH THE UNIVERSITY OF CALIFORNIA, SANTA CRUZ

**GENERAL INFORMATION**

|  |
|--|
| FIRM NAME:   |
| PRIMARY ADDRESS, CITY, STATE ZIP (include 9 digit zip code if known):                    |
| SECONDARY ADDRESS (if different from street address, include 9 digit zip code if known): |
| MAILING ADDRESS: <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY     |

**CONTACT**

|   |  |
|---|--|
| CONTACT PERSON:   |  |
| TELEPHONE NO.: (    )                      -                      (    )                      - | FAX NO.: (    )                      - |
| E-MAIL:   | WEB PAGE:                              |

**ACCOUNTING**

|               |   |                 |
|---------------|---|-----------------|
| CONTACT NAME: | CONTACT TELEPHONE NO.:<br>(    )                      - | CONTACT E-MAIL: |
|---------------|---|-----------------|

Are any of the owners or owners' relatives currently employed by the University of California?  
 Yes     No If YES, please provide the following details on an attached sheet of paper: name(s), department(s) and relationship(s).

**PRINCIPALS (P) AND ASSOCIATES (A) (attach additional sheets if necessary)**

| Name | P                        | A                        | Degree or Certificate | Institution |
|------|--------------------------|--------------------------|-----------------------|-------------|
|      | <input type="checkbox"/> | <input type="checkbox"/> |                       |             |
|      | <input type="checkbox"/> | <input type="checkbox"/> |                       |             |
|      | <input type="checkbox"/> | <input type="checkbox"/> |                       |             |

**AREAS OF EXPERTISE**

**OWNERSHIP INFORMATION**

**The information listed below is for statistics on utilization of such businesses and is not for publication and will be kept confidential**

OWNERSHIP OF BUSINESS: (Check One). If "Corporation" is selected, please provide the State.  
 Corporation State \_\_\_\_\_  Partnership  Individual/Sole Proprietorship  Joint Venture

Owner Status - Business is at least **51%** Owned, Controlled, and Actively Managed by (check all business categories that apply, refer to Page 3 for Definitions):

|  |  |  |  |
|--|--|--|--|
| <b>REQUIRED</b>                                    | <input type="checkbox"/> LARGE BUSINESS ENTERPRISE (LBE)         | <input type="checkbox"/> SMALL BUSINESS ENTERPRISE (SBE)             |  |
| Select <b>one</b> of the following 3 if applicable | <input type="checkbox"/> DISADVANTAGED BUSINESS ENTERPRISE (DBE) | <input type="checkbox"/> DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) | <input type="checkbox"/> WOMEN-OWNED BUSINESS ENTERPRISE (WBE) |

## PRIVACY NOTIFICATIONS

### STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University of California to provide the following information to individuals who are asked to supply information about themselves:

Failure to provide all requested information may delay or prevent evaluation of your firm's ability to do business with the University.

I hereby certify under penalty of perjury under the laws of the State of California that I have read this application and know the contents thereof, and that the business category and ethnicity indicated above reflect the true and correct status of the business in accordance with Federal Small Business Administration criteria and Federal Acquisition Regulations, FAR 19, pertaining to small, disadvantaged, woman-owned, and disabled veteran-owned business enterprises. I understand that falsely certifying the status of this business, obstructing, impeding, or otherwise inhibiting any University of California official who is attempting to verify the information on this form may result in suspension from participation in University of California business contracts for a period up to five years and the imposition of any civil penalties allowed by law. In addition, I understand that this business must notify the University of California in writing 30 days in advance of any changes in size, ownership, control, or operation which may affect this business's continued eligibility as an SBE, DBE, WBE, DVBE, SDBE, SWBE or SDVBE.

**Note: If you submit this profile form electronically, your submission of this form will be considered as to represent your signature and you may be asked to sign a hard copy at a later date.**

NAME OF BUSINESS: \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## DEFINITIONS

**LARGE BUSINESS ENTERPRISE (LBE):** A business whose AVERAGE GROSS RECEIPTS, taken for the last 3 fiscal years (total revenue compiled over the 3-year period divided by 3), EXCEED \$2,500,000 PER YEAR.

**SMALL BUSINESS ENTERPRISE (SBE):** A business whose AVERAGE GROSS RECEIPTS, taken for the last 3 fiscal years (total revenue compiled over the 3-year period divided by 3), DO NOT EXCEED \$2,500,000 PER YEAR.

**DISADVANTAGED BUSINESS ENTERPRISE (DBE):** A business which is at least 51% owned by one or more socially and economically disadvantaged individuals, or, in the case of a publicly owned business, a business concern for which at least 51% of the stock is owned by one or more socially and economically disadvantaged individuals and whose management and daily business operations are controlled by one or more such individuals. Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias because of their identity as members of a group without regard to their individual qualities. Economically disadvantaged individuals are those socially disadvantaged individuals whose ability to compete in the free private enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same business area who are not socially disadvantaged. Business owners who certify that they are members of named groups (**Asian/Indian Americans, Asian/Pacific Americans, Black/African Americans, Hispanic Americans, Native Americans**) are to be considered socially and economically disadvantaged.

**WOMAN-OWNED BUSINESS ENTERPRISE (WBE):** A business that is at least 51% owned by a woman or women who also control and operate it. "Control" in this context means exercising the power to make policy decisions. "Operate" in this context means being actively involved in the day-to-day management.

**DISABLED VETERAN BUSINESS ENTERPRISE (DVBE):** A business that is at least 51% owned by one or more disabled veterans, or, in the case of a publicly owned business, a business concern for which at least 51% of the stock is owned by one or more disabled veterans and whose management and daily business operations are controlled by one or more such individuals. A Disabled Veteran, in this context, is a veteran of the military, naval, or air service of the United States with a service-connected disability residing in the State of California. To qualify as a veteran with a service-connected disability, the person must be currently declared by the United States Veterans Administration to be 10% or more disabled as a result of service in the armed forces.

**This information is shared between Architects & Engineers & Project Managers - Contract Services.**

The University of California is an affirmative action/equal opportunity employer.  
University policy is intended to be consistent with the provisions of applicable State and Federal law.

***INSURANCE REQUIREMENTS FOR CONSULTANT FIRMS  
WORKING WITH THE  
UNIVERSITY OF CALIFORNIA***

The companies affording policies must have a Best rating of A- or better and a financial classification of VIII or better, or a rating by Standard & Poor's of AA or better, or a rating by Moody of AA or better.

**TYPES OF INSURANCE**

- 1) General Liability Insurance (Commercial Form): \$1,000,000 coverage for each of the following: Each Occurrence, Products/Completed Operations Aggregate, Personal and Advertising Injury, and General Aggregate.
- 2) Business Automobile Liability Insurance: For owned, scheduled, nonowned, or hired automobiles, a combined single limit of no less than \$1,000,000 per accident.
- 3) Worker's Compensation: As required by the laws of the state in which Consultant will conduct the majority of its business for the University.
- 4) Professional Liability Insurance: Required for Consultants who will be preparing design or construction documents. Amount of coverage required is determined by size of project; major capital projects require minimum coverage of \$1,000,000 per claim and \$1,000,000 in the aggregate. Insurance policy must include Contractual Liability Coverage or endorsements to the policy for Contractual Liability Coverage.

**ADDITIONAL REQUIREMENTS**

- 1) Insurance company must complete University's Certificate of Insurance form. This form provides that Consultant's insurance shall be the primary insurance as respects to the University and that any insurance or self-insurance maintained by the University shall be in excess of and non-contributory with Consultant's insurance.
- 2) Coverage may not be cancelled without 10 days' advance written notice to University.
- 3) If insurance policies are cancelled for non-payment, University reserves the right to maintain policies in effect by continuing to make the policy payments; cost of so maintaining the policies will be assessed against Consultant.
- 4) The General Liability Insurance policy and the Business Automobile Liability Insurance policy must name The Regents of the University of California as an Additional Insured.
- 5) All insurance policies shall apply to the negligent acts or omissions of Consultant, its officers, agents, and employees, and to Consultant's legal responsibility for the negligent acts or omissions of its subconsultants and anyone directly or indirectly under the control, supervision, or employ of Consultant or subconsultants.

**UNIVERSITY OF CALIFORNIA DIRECTORY**

**CONTACT ANY OF THE UNIVERSITY CAMPUSES LISTED BELOW WITH WHICH YOU WISH TO DO BUSINESS**

**BERKELEY CAMPUS**

Claude Wilson  
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**DAVIS CAMPUS**

**Division of Agriculture & Natural Resources**

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**Architects & Engineers**

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**Operations & Maintenance - Contract Services**

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**Davis Medical Center**

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**IRVINE CAMPUS**

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**LOS ANGELES CAMPUS**

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**RIVERSIDE CAMPUS**

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**SAN FRANCISCO CAMPUS**

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**LAWRENCE BERKELEY NATIONAL LABORATORY**

David Chen  
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**LAWRENCE LIVERMORE NATIONAL LABORATORY**

Business Affirmative Action Office  
Procurement & Material  
7000 East Avenue, Mail Stop L-650  
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**LOS ALAMOS NATIONAL LABORATORY**

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