Do not submit with bid Do not submit with bid Do not submit with bid

## The University of North Carolina - AFFIDAVIT C - Portion of the Work to be Performed by HUB Certified/Minority Businesses

C	COLUMN	NIANCE
County of	COUNTY	NAME

Affidavit of \_\_\_\_\_COMPANY NAME

(Note this form is to be submitted only by the apparent lowest responsible, responsive bidder.)

If the portion of the work to be executed by HUB certified/minority businesses as defined in GS143-128.2(g) and 128.4(a),(b),(e) is equal to or greater than 10% of the bidders total contract price, then the bidder must complete this affidavit. This affidavit shall be provided by the apparent lowest responsible, responsive bidder within 72 hours after notification of being low bidder.

(Name of Bidder)

\_\_I do hereby certify that on the

TROJECT NAME					
	(Project Name		- FO 000 - MOTHAY		
Project ID#_SCO# or CIP# or FSP#	F	Amount of Bid	\$50,000 =TOTAL am	ount of the bid	
I will expend a minimum of%					
Minority businesses will be employed as co				oviders of professional	1
services. Such work will be subcontracted to th					
	ach additional she		777 1	D 11 37 1	_
Name and Phone Number	*Minority	**HUB	Work	Dollar Value	
	Category	Certified Y/N	Description		
Example Painting 919-123-4567	H	Y	Painting	\$2,500	
Sample Plumbing 919-888-8810	В	Y	Plumbing	\$2,500	
- V			TOTAL	\$5,000 = 10% of \$50,00	0
*Minority categories: Black, African American				lian (I),	
** HUB Certification with the state HUB Of	ocially and Econ			on goals	
"" HOB Certification with the state HOB On	nce required to	be counted to	oward state participati	on goais.	
Pursuant to GS143-128.2(d),	, the und	ersigned	will enter in	nto a formal	
agreement with Minority Fig					
conditional upon execution					
fulfill this commitment may	y constit	ute a bre	each of the co	ontract.	
The undersigned hereby certifies that he or she the commitment herein set forth.	has read the terr	ns of this com	mitment and is authorize	ed to bind the bidder to	
11/12/10		• .1			
Date: Name of Authorized Offi	icer: Jack S	mith			
Signature	•				
	1				
( SEAL ) Tit	re: Ope	rations Man	ager		_
REQUIRED State of	, County	of			
Subscribed and swor	rn to before me	this	day of20	)	
Notary Public					
My commission exp	oires				
1 mm					