

City of Saint Paul
GENERAL CONTRACTOR UTILIZATION COMMITMENT Entered _____
(to be completed only by general contractor)

Project Name _____ **Bid Number -** _____

Department _____ **Project Manager** _____

Total contract amount \$ _____

Vendor Outreach participation goal: _____ % or \$ _____

General Contractor _____ Federal ID _____

Contact Person _____ Phone _____ / _____

Address _____

Certified businesses may be used on construction, professional services, goods, and/or materials contracts. List below the certified vendors you intend to use on this contract. *Stacking on contracts is strictly prohibited.*

<i>Company Name</i>	<i>Address</i>	<i>Phone</i>	<i>Type of Work</i>	<i>Contract Amount</i>	<i>Office use only</i>
_____	_____	_____	_____	\$ _____	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____	_____	_____	_____	\$ _____	
_____	_____	_____	_____	\$ _____	
_____	_____	_____	_____	\$ _____	
_____	_____	_____	_____	\$ _____	
_____	_____	_____	_____	\$ _____	

(Attach additional sheet with subcontractor information if necessary)

Total value of contracts with certified vendors: \$ _____

Estimated value of work to be completed directly by general contractor: \$ _____

Changes in contract amounts or subcontractors must be approved in advance by HREEO staff. Questions? Call 266-8900.

The undersigned will enter into formal agreement with the listed certified vendor(s) conditional upon execution of a contract with the City of Saint Paul. The undersigned certifies that s/he has read the terms of this commitment and is authorized to bind the bidder to the commitment herein set forth. Signature, title of authorized company official and date must be on this document or the bid may be deemed non-responsive. The undersigned swears that the above statements are true and correct. The undersigned agrees to provide complete and accurate information regarding actual work performed on the project, the payment thereof, and any proposed changes of the foregoing arrangements, and to permit access during normal business hours to the business work site, records, and files when necessary to determine conformance with Vendor Outreach Program requirements upon request of the Dept. of Human Rights and Equal Economic Opportunity.

Name of Authorized Officer _____ Phone _____ / _____

Signature _____ Title _____ Date ____ / ____ / ____

FOR OFFICE USE ONLY							
Actual VOP dollars \$ _____ = _____ %				Staff approval _____	Date ____ / ____ / ____		
S: \$ _____	W: \$ _____	M: \$ _____	(Minority: A: \$ _____	B: \$ _____	C: \$ _____	E: \$ _____	I: \$ _____)
Funding: City _____	Star _____	MN _____	CDBG _____	UDAG _____	NPP _____	URAP _____	
County _____ %	City rpt ____ / ____ / ____		HUD ____ / ____ / ____				