



Project Statement of Certification
for Design Professional
for Design Professional Consultants
in the Construction Manager At Risk Process

Supplemental Requirements are required for New Construction Capital Projects and for Renovation Projects over \$2,000,000.00. This document is completed one time for the entire project.

Date: _____

Re: Project Number: DP(CMAR) _____

Project Name: _____

We are the DP(CMAR) []

We are a Consultant []

I, _____, _____ do hereby state that
(Name of signatory party) (Title)

_____ the following checked requirements will be met for this project.
(Name of DP or Consultant)

This is covered under (h) 18.14 of the Operating Manual.

Initial Project Contract Amount \$ _____

1. We have taken the following actions to include Disadvantaged Business Enterprises in the design and construction of this project. . (The Owner, the DP, and each Consultant shall include small businesses and disadvantaged business enterprises in the design, engineering and construction of the Project so long as this would result in services that are comparable in quality and would not result in a material increase in costs of the Project. A Disadvantaged business is a business that meets either the Arizona or Federal Small Business definition and is a Woman Owner [WBE], Minority Owner [MBE], Disadvantaged/Disabled owner [DBE], or Disabled Veteran.

[] We self-perform all work and do not hire sub-consultants.

OR

[] We actively include Diversity Sub-consultants or suppliers when soliciting for quotes for work.

[] We actively include Small Business Sub-consultants when soliciting for quotes for work.

2. We are a MBE/WBE/DBE and/or Small Business owned firm. Attach documentation one time only if firm is certified. ASU accepts self-certification.

a. A Disadvantaged business is a business that meets either the Arizona or Federal Small Business definition and is a Woman Owner [WBE], Minority Owner [MBE], Disadvantaged/Disabled owner [DBE], Disabled Veteran. ASU does not limit the size of a diversity firm. Diversity Firms do not have to be a Small Business.

Check Appropriate MBE [] WBE [] DBE [] Handicapped Vet []

Designation: Veteran [] N/A []

b. A Small Business can either be certified or can self-certify that they either have less than One Hundred (100) employees or were under \$4,000,000 in revenue in the previous year, or have Federal Certification as a Small Business.

We are a Small Business Firm []

3. We hire the following Small Business or MBE/ WBE/ DBE firm(s). (DP(CMAR) –These firms need to be listed on your spreadsheet.)

Firm Name	Contract Value	\$ Current Month	Total to Date
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List Small Business and/or Diversity Sub-consultants or Suppliers:

No Small Business or Diversity Consultants or Suppliers have been hired.

4. We certify that we abide by state and federal laws and that all employees on the project are legal US residents.

Yes

No

5. We certify that we have records documenting that we are using Arizona Residents to do the design work on this project to the extent persons with the necessary and appropriate skills are reasonably available.

Yes

No

(if no, answer the following.) We are unable to hire Arizona Workers because _____

6. **Health Insurance Requirement:** Do **you** provide health insurance coverage to fulltime employees (and their dependents) assigned to the project. *Note: it is a contract requirement to provide health insurance to full-time employees working on the project.*

Yes

No

Name of Health Insurance Provider _____

7. Do you **make available** insurance to employees who work less than fulltime and their dependents? *Note: it is a contract requirement to make health insurance available. Your firm is not required to pay any of the cost.*

Yes

Offered to employees who work more than 20 hours a week, but less than full time.

Offered to employees who work more than 30 hours a week, but less than full time.

OR

No – There are no Part-time employees working on the project

DP(CMAR) or Consultant

Name & Title
(Must be Owner, Officer or Authorized Representative)

Signature _____