

Minority Business Participation Commitment Form  
(For Advertised Projects)

Re: Project Name: \_\_\_\_\_

It is the policy of Richmond Redevelopment and Housing Authority (“RRHA”) to encourage minority participation in all contracts. To implement this policy, RRHA shall encourage minority participation through **subcontracting**, or other methods in contracting. You must complete this form, indicating the percentage of this Contract that **will be subcontracted to minority businesses**. **FAILURE TO COMPLETE THIS FORM MAY RESULT IN YOUR BID BEING DECLARED NON-RESPONSIVE THUS ELIMINATING YOUR FIRM FROM CONSIDERATION FOR THIS PROJECT.**

For the purpose of this commitment, the term “minority business” means a business at least 50 percent of which is owned and controlled by minority group members or, in the case of a publicly-owned business, at least 51 percent of the stock of which is minority owned, and the business is controlled by minority group members. For the purpose of the preceding sentence, “minority group members” are citizens of the United States who are African-American, Hispanics, Asians, Pacific Islanders, and American Indians.

Please indicate the percentage of minority business participation for this project. This refers to the percentage of the total dollar value of the Contract that will be subcontracted to minority firms.

\_\_\_\_\_ percent \*

\*RRHA will consider minority participation in awarding this Contract. And, as on all RRHA construction projects, RRHA reserves the right to approve or disapprove any subcontractor list.

To be considered a “minority business”, the business must be so certified by the Department of Minority Business Enterprise, Commonwealth of Virginia. RRHA will provide assistance in the certification process.

The undersigned hereby certifies that he or she has read the terms of this commitment and is authorized to bind the prospective Bidder to the commitment herein set forth.

\_\_\_\_\_  
Contractor’s Name

\_\_\_\_\_  
Name of Authorized Officer – printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Officer – signed