

# PBC OEBO SCHEDULES

Understanding the how, when, where, and why

# What are the OEBO forms?

## **Schedule 1**

**List of Proposed  
Contractor and Subs**

## **Schedule 2**

**Letter of Intent**

## **Schedule 3**

**Sub-Contractor Activity  
Form**

## **Schedule 3a**

**Sub-Consultant Activity  
Form**

## **Schedule 4**

**Sub Payment  
Certification**

# EBO Schedules

## What we will cover:

- How to complete
- When to complete
- Why you have to complete
- What happens when you don't
- Where the forms fit in Pre and Post award.







# Schedules 1 and 2

- Have to be completed and submitted in the bid package of all bids.
- Schedule 1 must list all the of contractors on the team, including the Prime. Along with the percentage/dollar amount of work anticipated for the contract.
- Schedule 2 must be completed by SMWBE Primes and ALL subcontractors, regardless of SMWBE status. Non-SMWBE Primes are exempt.

**OEBO SCHEDULE 1**

SOLICITATION/PROJECT/BID NAME: \_\_\_\_\_ SOLICITATION/PROJECT/BID NO.: \_\_\_\_\_

SOLICITATION OPENING/SUBMITTAL DATE: \_\_\_\_\_ COUNTY DEPARTMENT: \_\_\_\_\_

**Section A** PLEASE LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY THE PRIME CONTRACTOR/CONSULTANT\* ON THE PROJECT:

NAME OF PRIME RESPONDENT/BIDDER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PRIME'S DOLLAR AMOUNT OR PERCENTAGE OF WORK: \_\_\_\_\_

\*SMWBE Prime's must include their percentage or dollar amount in the Total Participation line under section B.

Non-SBE     MBE     WBE     SBE

**Section B** PLEASE LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY ALL SUBCONTRACTORS/SUBCONSULTANTS ON THE PROJECT BELOW:

Subcontractor/Sub consultant Name	(Check all Applicable Categories)				DOLLAR AMOUNT OR PERCENTAGE OF WORK					
	Non-SBE	MBE Minority Business	WBE Women Business	SBE Small Business	Black	Hispanic	Women	Caucasian	Asian	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____

(Please use additional sheets if necessary)

Total \_\_\_\_\_

Total Bid/Offer Price \$ \_\_\_\_\_

Total Certified S/M/WBE Participation \$ \_\_\_\_\_

I hereby certify that the above information is accurate to the best of my knowledge: \_\_\_\_\_

Name & Authorized Signature Title

- Note:**
- The amount listed on this form for a Subcontractor/sub consultant must be supported by price or percentage listed on the properly executed Schedule 2 or attached signed proposal.
  - Only those firms certified by Palm Beach County at the time of solicitation opening or due date are eligible to meet the established OEBO Affirmative Procurement Initiative (API). Please check the applicable box and list the dollar amount or percentage under the appropriate demographic category.
  - Modification of this form is not permitted and will be rejected upon submittal.

The Schedule 1 form is a mandatory form that is the responsibility of the Prime Contractor. It must be complete, fully executed, and submitted with all of the other required documents at the time of bid.

If a Prime Contractor fails to adhere to the requirements of the form, they will be deemed non-responsive.



**4 STEPS TO PROPERLY COMPLETE OEBO SCHEDULE 1**

Step 1. Complete top Section with Bid/Project name, Bid/Project number, Bid/Submittal Date and the Department you are submitting your bid/proposal.

**OEBO SCHEDULE 1**

SOLICITATION/PROJECT/BID NAME: \_\_\_\_\_ SOLICITATION/PROJECT/BID NO.: \_\_\_\_\_  
 SOLICITATION OPENING/SUBMITTAL DATE: \_\_\_\_\_ COUNTY DEPARTMENT: \_\_\_\_\_

Step 2. **Section A:** Complete the Prime's contact information and dollar or percentage of work. Complete this section regardless of whether the Prime is SBE or Non-SBE

**Section A** PLEASE LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY THE **PRIME CONTRACTOR/CONSULTANT** ON THE PROJECT:

NAME OF PRIME RESPONDENT/BIDDER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 PRIME'S DOLLAR AMOUNT OR PERCENTAGE OF WORK: \_\_\_\_\_

Step 3. **Section B:** Beginning with line # 1, list contact information for **ALL SUBCONTRACTORS** on this project, whether SBE or non-SBE. Select the appropriate checkbox then list the dollar amount or percentage of work to be performed by each subcontractor for this project.

**Section B** PLEASE LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY **ALL SUBCONTRACTORS/SUBCONSULTANTS** ON THE PROJECT BELOW:

Subcontractor/Subconsultant Name	(Check all Applicable Categories)				DOLLAR AMOUNT OR PERCENTAGE OF WORK				
	Non-SBE	MBE Minority Business	WBE Women Business	SBE Small Business	Black	Hispanic	Women	Caucasian	Other
1. Subcontractor 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		18,500.00			
2. Subcontractor 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				32,650.00	

Step 4. Fill out the Total Bid Price, enter the Total dollar amount or percentage for each category (*Black, Hispanic, Women, Caucasian, Other*) and Total SBE- M/WBE participation. Lastly, sign the form and provide the title for the authorized signee.

(Please use additional sheets if necessary)

Total Bid Price \$ 378,549.32

Total 18,500.00

Total Certified S/M/WBE Participation \$ 18,500.00

I hereby certify that the above information is accurate to the best of my knowledge: SIGN HERE TITLE HERE  
 Name & Authorized Signature Title

**STEP 1:** Insert the project name, number, date submitted and County department in charge of the project.

**STEP 2:** The Prime must complete this portion of the form with their information.

**STEP 3:** Begin listing ALL subcontractors (regardless of SBE status) along with their \$\$ Amount or % of work.

**STEP 4:** Total amount or percentage for each category. The total bid price and signature.

**SAMPLE OEBO LETTER OF INTENT – SCHEDULE 2**

A completed Schedule 2 is a binding document between the Prime Contractor/consultant and a Subcontractor/subconsultant (for any tier) and should be treated as such. The Schedule 2 shall contain bolded language indicating that by signing the Schedule 2, both parties recognize this Schedule as a binding document. All Subcontractors/subconsultants, including any tiered Subcontractors/subconsultants, must properly execute this document. Each properly executed Schedule 2 must be submitted with the bid/proposal.

SOLICITATION/PROJECT NUMBER: 19600

SOLICITATION/PROJECT NAME: Carlin Park, Maintenance Bldg, Roof Replacement

Prime Contractor: Roofers Are Us, Inc. Subcontractor: Subcontractor 1

(Check box(es) that apply)  
 SBE  WBE  MBE  M/WBE  Non-S/M/WBE Date of Palm Beach County Certification (if applicable): 1/1/2018

The undersigned affirms they are the following (select one from each column if applicable):

<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian American <input checked="" type="checkbox"/> Caucasian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American	<input checked="" type="checkbox"/> Supplier

**S/M/WBE PARTICIPATION – S/M/WBE Primes must document all work to be performed by their own work force on this form.** Failure to submit a properly executed Schedule 2 for any S/M/WBE participation may result in that participation not being counted. Specify in detail, the scope of work to be performed or items supplied with the dollar amount and/or percentage for each work item. S/M/WBE credit will only be given for the areas in which the S/M/WBE is certified. A detailed proposal may be attached to a properly executed Schedule 2.

Line Item	Item Description	Unit Price	Quantity/ Units	Contingencies/ Allowances	Total Price/Percentage
	Remove and replace existing roof				\$15,565.25


Amount Must Match Schedule 1 for Each Subcontractor

The undersigned Subcontractor/subconsultant is prepared to self-perform the above-described work in conjunction with the aforementioned project at the following total price or percentage: \$15,565.25

If the undersigned intends to subcontract any portion of this work to another Subcontractor/subconsultant, please list the business name and the amount below accompanied by a separate properly executed Schedule 2.

Name of 2<sup>nd</sup>/3<sup>rd</sup> tier Subcontractor/subconsultant \_\_\_\_\_ Price or Percentage: \_\_\_\_\_

Roofers Are Us, Inc.  
Print Name of Prime  
By:   
Authorized Signature  
Jane Doe  
Print Name  
President  
Title  
Date: 5/1/2021

Subcontractor 1  
Print Name of Subcontractor/subconsultant  
By:   
Authorized Signature  
James Jacob  
Print Name  
Assistant Vice President  
Title  
Date: 5/1/2021

Sub Must Also Sign

The Schedule 2 is also a mandatory and usually accompanies the Schedule 1.

The form is designed to capture what work your subcontractor intends to provide and if you both are in agreement with their intent.

**SAMPLE OEBO LETTER OF INTENT – SCHEDULE 2**

**A completed Schedule 2 is a binding document between the Prime Contractor/consultant and a Subcontractor/subconsultant (for any tier) and should be treated as such. The Schedule 2 shall contain bolded language indicating that by signing the Schedule 2, both parties recognize this Schedule as a binding document. All Subcontractors/subconsultants, including any tiered Subcontractors/subconsultants, must properly execute this document.** Each properly executed Schedule 2 must be submitted with the bid/proposal.

SOLICITATION/PROJECT NUMBER: 19600  
SOLICITATION/PROJECT NAME: Carlin Park, Maintenance Bldg, Roof Replacement

Prime Contractor: Roofers Are Us, Inc. Subcontractor: Subcontractor 1

**(Check box(s) that apply)**  
 SBE  WBE  MBE  M/WBE  Non-S/M/WBE Date of Palm Beach County Certification (If applicable): 1/1/2018

The undersigned affirms they are the following (select one from each column if applicable):

<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian American <input checked="" type="checkbox"/> Caucasian American	<input type="checkbox"/> Supplier
	<input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American	

The instructions are in **RED** and/or **Bold letters**. It also contains demographic questions that are necessary for data collection and reporting purposes. We ask that all subcontractors complete this, regardless of SMWBE status and tier.



**S/M/WBE PARTICIPATION** – S/M/WBE Primes must document all work to be performed by their own work force on this form. Failure to submit a properly executed Schedule 2 for any S/M/WBE participation may result in that participation not being counted. Specify in detail, the scope of work to be performed or items supplied with the dollar amount and/or percentage for each work item. S/M/WBE credit will only be given for the areas in which the S/M/WBE is certified. A detailed proposal may be attached to a properly executed Schedule 2.

Line Item	Item Description	Unit Price	Quantity/ Units	Contingencies/ Allowances	Total Price/Percentage
	Remove and replace existing roof				\$15,565.25


Amount Must Match Schedule 1 for Each Subcontractor

The undersigned Subcontractor/subconsultant is prepared to self-perform the above-described work in conjunction with the aforementioned project at the following total price or percentage: \$15,565.25

If the undersigned intends to subcontract any portion of this work to another Subcontractor/subconsultant, please list the business name and the amount below accompanied by a separate properly executed Schedule 2.

Name of 2<sup>nd</sup>/3<sup>rd</sup> tier Subcontractor/subconsultant \_\_\_\_\_ Price or Percentage: \_\_\_\_\_

Roofers Are Us, Inc.  
 Print Name of Prime  
 By:   
 Authorized Signature  
 Jane Doe  
 Print Name  
 President  
 Title  
 Date: 5/1/2021

Subcontractor 1  
 Print Name of Subcontractor/subconsultant  
 By:   
 Authorized Signature  
 James Jacob  
 Print Name  
 Assistant Vice President  
 Title  
 Date: 5/1/2021

Sub Must Also Sign

The table should be used to describe the services to be performed. The line item number, unit prices/quantities are generally used for Construction projects, However, the total price or percentage of the service to be performed should correlate with the item description.

Although Non-SMWBE Primes are exempt from completing a Schedule 2, SMWBE Primes ARE NOT! Certified small businesses with PBC MUST submit a complete Schedule 2. The OEBO certified business needs to be certified in the service they are providing on the project or it will not count toward the mandatory API for the project. The form is to be signed by the Prime and the subcontractor.

**S/M/WBE PARTICIPATION – S/M/WBE Primes must document all work to be performed by their own work force on this form. Failure to submit a properly executed Schedule 2 for any S/M/WBE participation may result in that participation not being counted. Specify in detail, the scope of work to be performed or items supplied with the dollar amount and/or percentage for each work item. S/M/WBE credit will only be given for the areas in which the S/M/WBE is certified. A detailed proposal may be attached to a properly executed Schedule 2.**

Although Non-SMWBE Primes are exempt from completing a Schedule 2, SMWBE Primes ARE NOT! Certified small businesses with PBC MUST submit a complete Schedule 2. The OEBO certified business needs to be certified in the service they are providing on the project or it will not count toward the mandatory API for the project. The form is to be signed by the Prime and the subcontractor.

# Schedules 3 and 4



Are required Post Award  
Forms



Schedule 3: Captures the  
activity of ALL  
subcontractors



Schedule 4: Confirms the  
payment receipt of ALL  
subcontractors





# Schedule 3 – Subcontractor Activity Form

- Submit the Schedule 3 with each pay application/invoice to the County department who made the contract award.
- All of the subcontractors listed on the Schedule 1 are to be listed on the Schedule 3.
- As a subcontractor is utilized on the project the amounts are filled in.

**OEBO SCHEDULE 3  
SUBCONTRACTOR ACTIVITY FORM**

SUBCONTRACTOR ACTIVITY FOR MONTH ENDING \_\_\_\_\_ PROJECT #: \_\_\_\_\_

PROJECT NAME \_\_\_\_\_

PRIME CONTRACTOR NAME \_\_\_\_\_

PROJECT SUPERVISOR \_\_\_\_\_

Schedule 3 is used to show the monthly payment activity for work performed by each Subcontractor on the project and in conformity with the Subcontractor(s) submitted on Schedule 2. It also shows approved change orders as they impact all Subcontractors. Schedule 3 is to be submitted by the Prime Contractor with each payment request to Palm Beach County. In the Subcontracting Information section, list the name(s) of each Subcontractor, including each S/M/WBE subcontractor on the project and the total contracted amount for each Subcontractor on the project. As the project proceeds, please complete each column under the Subcontractor Information section. If a subcontractor is an S/M/WBE, please check the appropriate categories applicable.

SUBCONTRACTING INFORMATION								Subcontractor Category (check all applicable)						
Name of Subcontractor(s)	Total Contract Amount	Approved Change Orders	Revised Contract Amount	Amount drawn for Sub this Period	Amount drawn for Sub to Date	Amount Paid to Date for Subcontractor	Actual Starting Date	Minority/ Women Business (√)	Small Business (√)	Black (√)	Hispanic (√)	Women (√)	Caucasian (√)	Other (Please Specify) (√)

I hereby certify that the above information is accurate to the best of my knowledge \_\_\_\_\_ (Signature) \_\_\_\_\_ (Title)

Additional Sheets May Be Used As Necessary

**NOTE:** Firms may be certified as an SBE and/or an M/WBE. If firms are certified as both an SBE and M/WBE, the dollar amount will not be counted twice.

The Schedule 3 Subcontractor Activity Form is a lot like the Schedule 1.

ALL subcontractors are to be listed on the form, regardless of the work they have or have not performed.

The certification and ethnic background category can be captured from the Schedule 1

This form is to be completed by the Prime Contractor and sent to the Department along with the invoice for the work they've done for the month.

OEBO Schedule 3(A)  
PROFESSIONAL SERVICES ACTIVITY REPORT

Date: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project No.: \_\_\_\_\_ BCC Resolution No.: \_\_\_\_\_  
Original Contract Amt.: \$ \_\_\_\_\_ Amended Contract Amt.: \$ \_\_\_\_\_  
CSA Project Name: \_\_\_\_\_  
CSA Project No.: \_\_\_\_\_ CSA Project Amt.: \$ \_\_\_\_\_  
CSA BCC Resolution No. (If applicable): \_\_\_\_\_ CSA Payment Application No.: \_\_\_\_\_  
Prime Consultant: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Phone # \_\_\_\_\_ Email: \_\_\_\_\_  
Amount Paid to Date: \_\_\_\_\_  
Total Percentage of work performed to date by Prime: \_\_\_\_\_

SUB-CONSULTANTS

1. Firm Name: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_  
Amount Paid to Date: \_\_\_\_\_ % Completed: \_\_\_\_\_
2. Firm Name: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_  
Amount Paid to Date: \_\_\_\_\_ % Completed: \_\_\_\_\_
3. Firm Name: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_  
Amount Paid to Date: \_\_\_\_\_ % Completed: \_\_\_\_\_
4. Firm Name: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_  
Amount Paid to Date: \_\_\_\_\_ % Completed: \_\_\_\_\_
5. Firm Name: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_  
Amount Paid to Date: \_\_\_\_\_ % Completed: \_\_\_\_\_

I hereby certify that the above is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature Title

Schedule 3a is the Schedule 3 for Professional Service Respondents.

It captures the activity of the sub-consultants after the award





## Schedule 4 – Payment Certification

- The Schedule 4 is to be completed by the subcontractor after the payment for their work has been received.
- The signed Schedule 4 should be submitted by the Prime to the Department with the next payment application for the month.
- The Schedule 3 should reflect the payment amount received by the subcontractor from the Prime during the previous month.

## OEBO SCHEDULE 4 – SUBCONTRACTOR/SUBCONSULTANT PAYMENT CERTIFICATION

A properly executed Schedule 4 shall be submitted for each Subcontractor/subconsultant after receipt of payment from the Prime. The Prime shall submit this form with each payment application or invoice submitted to the County when the COUNTY has paid the Prime on the previous payment application for services provided by a Subcontractor/subconsultant. All named Subcontractors/subconsultants on this form must also complete and submit a separate Schedule 4 after receipt of payment. If the Prime is an S/M/WBE, completion of a Schedule 4 is also required to document all portions of work performed by their work force. **A completed release of lien form can be submitted in lieu of a Schedule 4.**

This is to certify that \_\_\_\_\_ received a  
(Subcontractor/subconsultant Name)  
(Monthly) or (Final) payment of \$ \_\_\_\_\_ from \_\_\_\_\_  
(Prime Contractor Name)  
On \_\_\_\_ / \_\_\_\_ / \_\_\_\_ for my \_\_\_\_ Invoice for labor and/or materials supplied  
MM DD YYYY Month  
On \_\_\_\_\_ / \_\_\_\_\_  
(Project Name) (Project No.)  
DEPT.: \_\_\_\_\_ TASK ORDER/WORK ORDER/DELIVERY ORDER/PURCHASE ORDER/ NO.: \_\_\_\_\_  
PRIME CONTRACTOR/CONSULTANT VENDOR CODE: \_\_\_\_\_  
SUBCONTRACTOR/SUBCONSULTANT VENDOR CODE: \_\_\_\_\_

## Completing a Schedule 4

- The subcontractor's name
- The payment amount.  
Indicate whether it is the final payment or the monthly payment (circle it)
- Make sure the subcontractor knows the project name and number.
- The subcontractor may not know the Prime contractor's vendor code, but the Prime can add that information before sending to the sub.

By: \_\_\_\_\_  
(Signature of Subcontractor/subconsultant)

\_\_\_\_\_ (Name & Title of Person executing on behalf of Subcontractor/subconsultant)

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), by \_\_\_\_\_ (name of person acknowledging).

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary

Personally Known  OR Produced Identification  Type of Identification \_\_\_\_\_

Revised 12/31/2019

# Completing a Schedule 4

The form should be signed by the Subcontractor in front of a notary.



If the undersigned intends to distribute any portion of this payment to another Subcontractor/subconsultant, please list the business name and the amount below accompanied by a separate properly executed Schedule 4.

Name of 2<sup>nd</sup>/3<sup>rd</sup> tier Subcontractor/subconsultant

Price or Percentage:

This portion of the Schedule 4 is for the 2<sup>nd</sup> and 3<sup>rd</sup> tier subcontractors. These should also be submitted with your payment applications.

# Wrap up

## Schedule 1

Submitted with bid package and **MUST** include **ALL** subcontractors

## Schedule 2

Submitted with bid package and **MUST** be signed by **ALL** subcontractors and Prime SMWBE.

## Schedule 3

Submitted to Department with payment application after award and **MUST** be included **ALL** SUBS.

## Schedule 3a

Tracks the Activity of Sub-consultants on a design project after award.

## Schedule 4

Signed by the Subcontractor **AFTER** payment by the Prime. Submitted to the department with the next payment app.

# Other OEBO forms

**Good Faith Effort  
Form and Table**

**Substitution/  
Removal/Modification**

**S/M/WBE  
Vendor Performance  
Report**

**Subcontracting  
Waiver Request**



# GOT QUESTIONS?

Contact Us  
[OEBO@PBCGOV.ORG](mailto:OEBO@PBCGOV.ORG)  
561.616.6840





THANK YOU!