PORT OF CORPUS CHRISTI AUTHORITY
LOCAL PREFERENCE PROGRAM
ACKNOWLEDGEMENT FORM

The purpose of the Port of Corpus Christi Authority ("PCCA") Local Preference Program is to ensure that local businesses of every size are encouraged to participate in contracting and procurement at the PCCA. The Program is consistent with the PCCA's overall mission: "Leverage commerce to drive prosperity." A complete copy of the Port of Corpus Christi Authority Local Preference Program can be obtained at https://portofcc.com/procurement

THIS FORM IS TO BE COMPLETED AND SUBMITTED WITH YOUR BID / RESPONSE EVEN IF YOU ARE NOT SEEKING A LOCAL PREFERENCE DESIGNATION.

Program Definitions.

Headquartered means the place where a business entity's officers direct, control and coordinate the entity's activities.

Joint Venture means a collaboration of for-profit business entities, in response to a solicitation, which is manifested by a written agreement, between two (2) or more independently owned and controlled business firms to form a third business entity solely for purposes of undertaking distinct roles and responsibilities in the completion of a given contract. Under this business arrangement, each joint venture partner shares in the management of the joint venture and shares in the profits or losses of the joint venture enterprise commensurately with its contribution to the venture.

Local Area means Nueces and San Patricio Counties.

Local Business means a business that is either: (1) headquartered in the Local Area; or (2) has an established place or places of business in the Local Area where members of the entity's workforce are regularly based. A location utilized solely as a post office box, mail drop or telephone message center or any combination thereof, with no other substantial work function, shall not be construed as a principal place of business.

Joint Venture Requirements.

When a bidder / respondent is a joint venture, each joint venture partner must meet the definition of a Local Business to be eligible for the Local Preference designation.

For respondents submitting responses as a joint venture to a Request for Qualifications or a solicitation using a "Best Value" procurement method, the following is applicable:

> To be considered for Local Preference points, at least one of the entities must be a Local Business; and
>
> Allocation of point for joint ventures shall be determined by the percentage of ownership by a Local Business(es).

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SOLICITATION NAME/NUMBER: _____

PROVIDE THE FOLLOWING INFORMATION REGARDING BIDDER'S / RESPONDENT'S HEADQUARTERS:

Name of Business:		
Physical Address:		
City, State, Zip Code:		
Phone Number:		
Email Address:		
Is Business headquartered within Nueces or San Patricio County? (circle one)	Yes	No
Does the business have an established place or places of business in Nueces or San Patricio County where members of the entity's workforce are regularly based (circle one)	Yes	No
Is bidder / respondent a Joint Venture	Yes	No
Is Joint Venture respondent submitting to a Request for Qualifications (RFQ) solicitation	Yes	No

The Port of Corpus Christi Authority (PCCA) reserves the right to request additional information to validate bidders/respondent's designation as a Local Business.

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ACKNOWLEDGEMENT

I certify that my responses and the information provided on this Local Preference Program Acknowledgement Form are true and correct and that I have made no willful misrepresentations on this form, nor have I withheld any relevant information in my statements and answers to questions. I am aware that any information given by me on this Local Preference Program Acknowledgement Form may be investigated and I hereby give my full permission for any such investigation, including the inspection of business records and site visits by PCCA or its authorized representative. I fully acknowledge that any misrepresentations or omissions in my responses and information may cause my offer to be rejected or contract to be terminated. I further acknowledge that providing false information is grounds for debarment.

SOLICITATION NAME/NUMBER: _____

BIDDER'S/ RESPONDENT'S FULL NAME:

_____
(Print Name) Authorized Representative of Bidder/ Respondent

_____
(Signature) Authorized Representative of Bidder/ Respondent

_____
Title

_____
Date

This Local Preference Acknowledgement Form must be submitted with the bidder's / respondent's bid/proposal response