

MWBE PROGRAM UTILIZATION PLAN

Bid Date: _____

Agreement/Contract Value: _____

Project No. _____

Primary Contact: _____

Contractor:

City: _____

State: _____

Zip Code: _____

Address:

Fax Number: _____

E-Mail: _____

Phone Number:

GOALS: **MBE** _____%

WBE _____%

| SUBCONTRACTOR | FEDERAL ID # | DOLLAR VALUE OF CONTRACT OR PURCHASE ORDER | DESCRIPTION OF WORK OR SUPPLIES | SUBCONTRACTOR/SUPPLIER SCHEDULE | |
|---|--------------|--|---------------------------------|---------------------------------|-----------------|
| | | | | START DATE | COMPLETION DATE |
| <p>Company Name: _____</p> <p>Street Address: _____</p> | | | | | |

MWBE PROGRAM UTILIZATION PLAN

| | | | | | |
|---|--|--|--------------------------|--|--|
| Contact Name: _____ E-Mail Address: _____ Check One: MBE <input type="checkbox"/> WBE <input type="checkbox"/> | | | | | |
| Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: _____ Check One: MBE <input type="checkbox"/> WBE <input type="checkbox"/> | | | | | |
| Company Name: _____ Street Address: _____ Contact Name: _____ E-Mail Address: _____ Check One: MBE <input type="checkbox"/> WBE <input type="checkbox"/> | | | <input type="checkbox"/> | | |
| Company Name: _____ Street Address: _____ Contact Name: _____ | | | | | |

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| | | | | | |
|---|--|--|--|--|--|
| E-Mail Address: _____ | | | | | |
| Check One: MBE <input type="checkbox"/> WBE <input type="checkbox"/> | | | | | |
| | | | | | |

NAME:

TITLE:

COMPANY OFFICER'S
SIGNATURE

APPROVED:

DEFICIENT:

MWBE PROGRAM COORDINATOR:

DATE: