(This form is to be used with contracts that have SRF funding)

SMALL, WOMEN AND MINORITY BUSINESS ENTERPRISES TO BE UTILIZED

RFP # _____

RFP Title: _____

Name of Proposer: _____

Firm: _____

Address: _____

_____

Phone: _____

Description of Work Element or Supplies:

_____

_____

% of total hours proposed: _____%_____

- ☐ MBE
- ☐ SBE
- ☐ WBE
- ☐ Joint Venture ____%
- ☐ Other
- ☐ Subcontractor
- ☐ Supplier
- ☐ Manufacturer

Firm: _____

Address: _____

_____

Phone: _____

Description of Work Element or Supplies:

_____

_____

% of total hours proposed: _____%_____

- ☐ MBE
- ☐ SBE
- ☐ WBE
- ☐ Joint Venture ____%
- ☐ Other
- ☐ Subcontractor
- ☐ Supplier
- ☐ Manufacturer

Firm: _____

Address: _____

_____

Phone: _____

Description of Work Element or Supplies:

_____

_____

% of total hours proposed: _____%_____

- ☐ MBE
- ☐ SBE
- ☐ WBE
- ☐ Joint Venture ____%
- ☐ Other
- ☐ Subcontractor
- ☐ Supplier
- ☐ Manufacturer

USE ADDITIONAL SHEETS IF NECESSARY

_____ _____

Signature of Authorized Official Date

_____

Name and Title of Authorized Official