

001040
MBE/WBE/VBE PARTICIPATION PLAN

Project Name _____

Bid Number _____ Bid Date _____

This Form must be completed by all Bidders and submitted with the Bid. **Failure to submit may be cause to reject the Bid.**

Check if Bidder is an MBE, WBE or VBE

Bidders Firm _____ MBE WBE VBE

Address _____

City/State/Zip _____

Phone _____

E-mail _____

The following certified minority, women and/or veteran -owned firms will be participating in the project according to the following schedule. Indicate whether each firm is an MBE, WBE or VBE by selecting the MBE, WBE or VBE box below.

1. _____

<u>FIRM</u>	MBE	WBE	VBE	<u>TRADE</u>	<u>AMOUNT</u>	<u>% OF TOTAL BID</u>
<u>CONTACT NAME</u>						
<u>PHONE</u>				<u>E-MAIL</u>		

2. _____

<u>FIRM</u>	MBE	WBE	VBE	<u>TRADE</u>	<u>AMOUNT</u>	<u>% OF TOTAL BID</u>
<u>CONTACT NAME</u>						
<u>PHONE</u>				<u>E-MAIL</u>		

3. _____

<u>FIRM</u>	MBE	WBE	VBE	<u>TRADE</u>	<u>AMOUNT</u>	<u>% OF TOTAL BID</u>
<u>CONTACT NAME</u>						
<u>PHONE</u>				<u>E-MAIL</u>		

4. _____

<u>FIRM</u>	MBE	WBE	VBE	<u>TRADE</u>	<u>AMOUNT</u>	<u>% OF TOTAL BID</u>
<u>CONTACT NAME</u>						
<u>PHONE</u>				<u>E-MAIL</u>		

If more space is need attach additional sheet

If no MBE, WBE or VBE contractors are listed above please indicate reason(s) why:

Unable to locate any MBEs, WBEs or VBEs.

Unable to secure competitive pricing from any MBEs, WBEs or VBEs.

Other reasons, please describe: _____

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Describe below your efforts to obtain minority, women and veteran's business enterprise participation for this project.

Be sure to attach a copy of all solicitation efforts, e.g., ads that were published or networking events, etc.

List below the MBE/WBE/VBE contractors you individually contacted to request a quote for this project. If all work is to be self-performed and your Firm is not MBE, WBE or VBE list N/A in top left line below.

MBE, WBE, VBE Firms Contacted

Check all that apply:

1.	FIRM CONTACTED	TRADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CONTACT NAME	PHONE	E-MAIL				
2.	FIRM CONTACTED	TRADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CONTACT NAME	PHONE	E-MAIL				
3.	FIRM CONTACTED	TRADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CONTACT NAME	PHONE	E-MAIL				
4.	FIRM CONTACTED	TRADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CONTACT NAME	PHONE	E-MAIL				

If more space is need attach additional sheet

By my signature, I certify that the above statements are true and accurate, all as of the date below. I also understand that any changes to this plan must be approved by Indiana State University and documented by Construction Change Directive.

Agent of Bidder _____

Date _____

END OF SECTION 001040