

00 10 40
MBE/WBE/VBE PARTICIPATION PLAN

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 MBE WBE VBE Not Low No reply

_____ CONTACT NAME PHONE E-MAIL

2. _____
FIRM CONTACTED TRADE MBE WBE VBE Not Low No reply

_____ CONTACT NAME PHONE E-MAIL

3. _____
FIRM CONTACTED TRADE MBE WBE VBE Not Low No reply

_____ CONTACT NAME PHONE E-MAIL

4. _____
FIRM CONTACTED TRADE MBE WBE VBE Not Low No reply

_____ 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 00 10 40