

2.3 ALLEGHENY COUNTY M/W/DBE PARTICIPATION STATEMENT

This form must be completed and submitted with your bid or proposal.

IFB or RFP Number:	Name of Prime Bidder or Proposer:	Contact Person:
Address:		Phone Number:
Email:		
Tax ID #:	Is Your Firm M/W/DBE Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No Certification Type: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE Certifying Entity:	

Attach a copy of your certification if you are counting your company's participation towards the M/W/DBE goals for this contract.

List below all M/W/DBEs that were solicited whether or not commitment was obtained.

M/W/DBE Sub Vendor Firm Name:		Tax ID #:		Contact Person:	
Address:		Phone Number:		Email:	
Certification Type: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE Certifying Entity:			Types of Subcontract Work or Materials:		
Date Solicited:	Solicitation Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email	Quote Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Commitment Made: <input type="checkbox"/> Yes – Date: _____ <input type="checkbox"/> No	Amount Committed: \$ Amount: \$ _____ % Of Total Bid: _____	
Give Reason(s) If No Commitment Made:					

M/W/DBE Sub Vendor Firm Name:		Tax ID #:		Contact Person:	
Address:		Phone Number:		Email:	
Certification Type: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE Certifying Entity:			Types of Subcontract Work or Materials:		
Date Solicited:	Solicitation Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email	Quote Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Commitment Made: <input type="checkbox"/> Yes – Date: _____ <input type="checkbox"/> No	Amount Committed: \$ Amount: \$ _____ % Of Total Bid: _____	
Give Reason(s) If No Commitment Made:					

Attach a copy of the certification of each M/W/DBE with whom a commitment has been made.

Prepared by: _____ Title: _____

Signature: _____ Date: _____

Copy this form as necessary.