

Project Name:_____

SCHEDULE D

FOR CONSTRUCTION PROJECTS ONLY

Compliance Plan Regarding MBE & WBE Utilization Affidavit of Prime Contractor

MUST BE SUBMITTED WITH THE BID. FAILURE TO SUBMIT THE SCHEDULE D WILL CAUSE THE BID TO BE REJECTED. DUPLICATE AS NEEDED.

Specification No.:					
In connection with the above	e captioned contract, I HEREBY DECLARE A	ND AFF	FIRM that I am the		
and a duly authorized representative of a duly authorized representative of a duly authorized representative of					
	•				
(Name of Prime Contractor)					
Enterprise and Women Bus	eviewed the material and facts set forth in the siness Enterprise (MBE/WBE) to perform as sall MBEs and WBEs must be certified with the	subcontr	actor, Joint Venture	e Agreer	ment, and
Name of MBE or WBE	Type of Work to be Performed in accordance with Schedule Cs	MBE Participation in dollars and percentage		WBE Participation in dollars and percentage	
		\$	%	\$	%
		\$	%	\$	%
		\$	%	\$	%
		\$	%	\$	%
		\$	%	\$	%
		\$	%	\$	%
		\$	%	\$	%
		\$	%	\$	%
		\$	%	\$	%
		\$	%	\$	%
Total MBE Participation \$_		Total N	MBE Participation %	6	
Total WBE Participation \$		Total WBE Participation %			
Total Bid \$					

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To the best of my knowledge, information and belief the facts and representations contained in the aforementioned attached Schedules are true, and no material facts have been omitted.

The Prime Contractor designates the following person as its MBE/WBE Liaison Officer:

(Name- Please Print or Type) (Phone) I DO SOLEMNLY DECLARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED ON BEHALF OF THE PRIME CONTRACTOR TO MAKE THIS AFFIDAVIT. (Name of Prime Contractor – Print or Type) State of:_____ County of:_____ (Signature) (Name/Title of Affiant – Print or Type) (Date) On this____day of_____, 20____, the above signed officer ____ (Name of Affiant) personally appeared and, known by me to be the person described in the foregoing Affidavit, acknowledged that (s)he executed the same in the capacity stated therein and for the purposes therein contained. IN WITNESS WHEREOF, I hereunto set my hand and seal. (Notary Public Signature) SEAL: Commission Expires:_____

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