

# NOT APPLICABLE TO THIS APPLICATION

## CONTRACTOR'S DETAILED MBE/WBE UTILIZATION PLAN

<u>CONTRACTOR</u>			<u>CONTRACT</u>	
NAME:			PROJECT NAME:	
ADDRESS:			CONTRACT DESCRIPTION:	
CONTACT PERSON:				
PHONE:				

### PROJECTED MBE/WBE CONTRACT SUMMARY

**MINORITY BUSINESS ENTERPRISE**

TOTAL DOLLAR VALUE OF THE PRIME CONTRACT:	\$	
CONTRACT MBE PERCENTAGE GOAL:	_____	%
MBE PERCENTAGE/AMOUNT APPLIED TO THE CONTRACT:	\$	_____
TOTAL MBE DOLLAR AMOUNT PROJECTED:	\$	_____
MBE DOLLAR AMOUNT UNABLE TO MEET:	\$	_____

**WOMEN BUSINESS ENTERPRISE**

TOTAL DOLLAR VALUE OF THE PRIME CONTRACT:	\$	
CONTRACT WBE PERCENTAGE GOAL:	_____	%
WBE PERCENTAGE/AMOUNT APPLIED TO THE CONTRACT:	\$	_____
TOTAL WBE DOLLAR AMOUNT PROJECTED:	\$	_____
WBE DOLLAR AMOUNT UNABLE TO MEET:	\$	_____

**Contractor Utilization Plan Checklist**

Utilization Plan: Please be specific and provide detail of the work being performed by M/WBEs  
 Letters of Intent: Signed form must be submitted for each M/WBE scheduled to participate.

DEI/MWBE USE ONLY

Plan Approved: \_\_\_\_\_ Plan Disapproved: \_\_\_\_\_

By: \_\_\_\_\_  
 M/WBE Requirements

**CONTRACTOR'S DETAILED MBE/WBE UTILIZATION PLAN (cont'd)**

**SECTION I-MBE PARTICIPATION**

MBE FIRM		DESCRIPTION OF WORK	CONTRACT INFORMATION	
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				

**CONTRACTOR'S DETAILED MBE/WBE UTILIZATION PLAN (cont'd)**

**SECTION II-WBE PARTICIPATION**

MBE FIRM		DESCRIPTION OF WORK	CONTRACT INFORMATION	
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				
NAME:			CONTRACT AMOUNT:	
ADDRESS:			DATE OF CONTRACT:	
			SCHEDULE START DATE:	
			PAYMENT SCHEDULE:	
CONTACT PERSON:			COMPLETION DATE:	
PHONE:				

**MINORITY AND WOMEN'S BUSINESS ENTERPRISE**  
**LETTER OF INTENT**

PROJECT: \_\_\_\_\_

TO: \_\_\_\_\_  
(Name of Bidder)

The undersigned intends to perform work in connection with the above project as (Check one choice on each side):

\_\_\_\_\_ Minority \_\_\_\_\_ Woman

The undersigned M/WBE is prepared to perform the following described work in connection with the above project:

\_\_\_\_\_  
\_\_\_\_\_

at the following price: \_\_\_\_\_

You have projected the following commencement date for such work, and the undersigned is projecting completion of such work as follows:

Projected Start Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_

With respect to the proposed subcontract described above, \_\_\_\_\_% of the dollar value of such subcontract will be sublet and/or awarded to non-M/WBE contractors or non-M/WBE suppliers. The undersigned will enter into a formal agreement for the above work with you conditioned upon your execution of a contract with the County of Monroe.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of M/WBE Contractor

\_\_\_\_\_  
Authorized Signature