## OFFICE OF BUSINESS DIVERSITY AND CIVIL RIGHTS

## MBE/WBE PARTICIPATION PLAN AND AFFIRMATION STATEMENT

PA 3760C/ 3-16

Instructions: Submit one MBE/WBE PARTICIPATION PLAN AND AFFIRMATION STATEMENT form for each MBE/WBE firm used on this Contract. To avoid undue repetition, the following terms, as used in this Agreement, shall be construed as follows: Bidder/Proposer/Respondent - can used interchangeably and mean any Contractor, Consultant, Supplier, or Vendor who submits a response to this solicitation.

RFP NUMBER AND TITLE:					
PROPOSER: Name of Firm:					
Address:					
Email Address:					
MBE/WBE: Name of Firm:					
Address:					
Description of work to be performed by MBE/WB	BE:				
Calculation (supply only):					
The Proposer is committed to utilizing the above-ror% of the total contract amount of \$					
	AFFIRMATION	of MBE/WBE			
The above-named MBE/WBE affirms that it will p	perform the portion of the Contract for the	e estimated dollar value as stated	above.		
By:Signature of Principal or Officer of MBE	/WBE – Print Name and Title	Date:			
I (print nam Participation Plan and Affirmation Statement and and/or the undersigned from being found to be res subject the company and/or the undersigned to crit	the information contained in it is true. If sponsible Bidders/Proposers in connection	fully understand that any false stan with future agreements. In addi			
Signature of Proposer	Title		Date		
Please Note: Only 60% of the expenditure to a MBE/W estimated MBE/WBE dollar value of work. Plan cannot	VBE material supplier will be counted toward t				

Officer of Proposer must have ACKNOWLEDGEMENT BY NOTARY PUBLIC completed on the reverse side.

## ACKNOWLEDGEMENT BY NOTARY PUBLIC

## PA3760C MBE/WBE PARTICIPATION PLAN AND AFFIRMATION STATEMENT (reverse)

STATE OF				
COUNTY OF	S.S.: )			
, of	, personally known to me	e me, the above undersigned, pe or proved to me on the basis of sowledged to me that he/she executed	personally appeared, the attisfactory evidence to be the individual(s) the same in his/her capacity.	
Name of Notary (print)				
(Affix Notary Stamp Here)				
My Commission Expires	(Notary Signature)	(Date)		

Rev. 03/02/2016