OFFICE OF BUSINESS DIVERSITY AND CIVIL RIGHTS

MODIFIED MBE/WBE PARTICIPATION PLAN AND AFFIRMATION STATEMENT

PA 3760D / 03-16

Instructions: Submit one Modified 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: | | | |
| | | Telephone: | |
| Email Address: | | | |
| MBE/WBE: Name of Firm: | | | |
| Address: | | Telephone: | |
| Description of work to be performed by MBE/W | BE: | | |
| or | | The estimated dollar value of this work is \$and the anticipated completion date is | |
| | AFFIRMATION of M | | |
| The above-named MBE/WBE affirms that it will | perform the portion of the Contract for the esti | mated dollar value as stated above. | |
| By:Signature of Principal or Officer of MB | E/WBE - Print Name and Title | Date: | |
| I (print nate Participation Plan and Affirmation Statement and | me), an officer of If the information contained in it is true. I fully esponsible Bidders/Proposers in connection with | Tied MBE/WBE Participation Plan and Affirmation State (company name), certify that I have read the PA 37 understand that any false statement within this submitted future agreements. In addition, any false statement with New York and New Jersey. | 760D Modified MBE/WBE al may prevent the company |
| Signature of Proposer | Title | Date | |
| Please Note: Only 60% of the expenditure to a MBE/estimated MBE/WBE dollar value of work. Plan cannot | | MBE/WBE goal. Please show calculation above. Example: \$10 | 00,000 x 60% = \$60,000 |

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

ACKNOWLEDGEMENT BY NOTARY PUBLIC

PA3760D MODIFIED MBE/WBE PARTICIPATION PLAN AND AFFIRMATION STATEMENT (reverse)

| STATE OF | | | |
|---------------------------|-------------------------|---|---|
| COUNTY OF | S.S.:) | | |
| , of | , personally known to m | re me, the above undersigned, persone or proved to me on the basis of satisfowledged to me that he/she executed the | sfactory evidence to be the individual(|
| Name of Notary (print) | | | |
| (Affix Notary Stamp Here) | | | |
| My Commission Expires | — (Notary Signature) | (Date) | |