

ADDENDUM NO. 1

**Kansas City Area Transportation Authority
1350 E. 17th Street
Kansas City, Missouri 64108**

MAIN STREET/TROOST MAX MARKER FOUNDATION REMOVAL KCATA PROJECT NUMBER: #F23-5008-29A

Issue Date: May 5, 2023

This Addendum is hereby made a part of the Request for Quotations Documents and Project Documents to the same extent as if it was originally included therein and is intended to modify and/or interpret the bidding documents by additions, deletions, clarifications, or corrections. The Contractor shall acknowledge by submitting this document with their quotation packet, the receipt of this Addendum document.

CONTRACTUAL

Prevailing Wages

KCATA is using federal funds to perform this work, therefore quotations shall include labor rates using the Annual Wage Order in affect for Jackson County, Missouri, or the Davis Bacon Wage Determination in affect for this category of work. The higher of the two rates shall prevail.

Bonding

A bid bond is required to be submitted with quotation packet equal to five (5%) of the Prime SBE Contractor's quotation.

Performance and payment bonds *shall be submitted by the awarded* Contractor for One hundred percent (100%) of the total price quoted for the work. KCATA will request these.

Required Submittal Documents

- EEO-1 Workforce Analysis Report
- Letter of Intent to Subcontract
- Contractor Utilization Plan/Request for Waiver
- Employment Eligibility Certification for Prime
- Employment Eligibility Certification for Lower-Tier (Sub)
- Primary Participant Debarment/Suspension Certification
- Lower-Tier Participant Debarment/Suspension Certification
- References
- Non-Collusion Affidavit
- Certification of Primary Participants Regarding Federal Tax Liability
- Certification of Lower-Tier Participants Regarding Federal Tax Liability
- Quotation/Bid Response Form USE KCATA PROVIDED FORM ONLY
- Bid Bond Equal to 5% of total quotation/bid price

GENERAL INFORMATION

- ***Quotation close date is changed to May 10, 2023, at 10 a.m.*** to allow for all interested Contractors to have ample time to access and act upon the information contained within this Addendum 1. No public opening scheduled.

END OF ADDENDUM 1

ADDENDUM NO. 1

**Kansas City Area Transportation Authority
1350 E. 17th Street
Kansas City, Missouri 64108**

KCATA PROJECT NUMBER: #F23-5008-29A

Proposers shall return this **RECEIPT OF ADDENDA** form when submitting their bid. The form shall be signed and dated by an authorized representative of the firm. Failure to submit this form may deem the Bidder non-responsive.

We hereby acknowledge that the Addenda noted below have been received.

Addendum #1 May 5, 2023
Date Received _____

Company Name _____ Date _____

Address/City/State/Zip _____

Authorized Signature _____ Printed Name _____

Telephone _____ Fax _____ Email _____

GUIDELINES FOR COMPLETING KCATA WORKFORCE ANALYSIS/EEO-1 REPORT

Contractor shall apply the following definitions to the categories in the attached Workforce Analysis/EEO-1 Report form. Contractors must submit the Workforce/Analysis form to be considered for contract award. The form is also required for all subcontractors.

A. RACIAL/ETHNIC

1. WHITE (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
2. BLACK (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
3. HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American origin, regardless of race.
4. ASIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
5. AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

B. JOB CATEGORIES

1. OFFICIALS and MANAGERS: Includes chief executive officers, presidents, vice-presidents, directors and kindred workers.
2. PROFESSIONALS: Includes attorneys, accountants and kindred workers.
3. TECHNICIANS: Includes computer programmers and operators, drafters, surveyors, highway technicians, inspectors and kindred workers.
4. SALES WORKERS: Includes contract sales representatives, purchasing agents, customer relations representatives and kindred workers.
5. OFFICE and CLERICAL: Includes secretaries, bookkeepers, clerk typists, payroll clerks, accounts payable clerks, receptionists, switchboard operators and kindred workers.
6. CRAFT WORKERS (skilled): Includes mechanics and repairers, electricians, carpenters, plumbers and kindred workers.
7. OPERATIVES (semi-skilled): Includes bricklayers, plaster attendants, welders, truck drivers and kindred workers.
8. LABORERS (unskilled): Includes laborers performing lifting, digging, mixing, loading and pulling operations and kindred workers.
9. SERVICE WORKERS: Includes janitors, elevator operators, watchmen, chauffeurs, attendants and kindred workers

EEO-1/WORK FORCE ANALYSIS REPORT

Report all permanent, temporary, or part-time employees including apprentices and on-the-job trainees.
Enter the appropriate figures on all lines and in all columns. All blank spaces will be considered zero.

| Job Categories | Number of Employees (Report employees in only one category) | | | | | | | | | | | | | | |
|---|---|--------|------------------------------------|---------------------------|---|-------|----------------------------------|---|--------|--|---|--|----------------------------------|---------------|--------------------------------|
| | Race/Ethnicity | | | | | | | | | | | | | | |
| | Hispanic or Latino | | Not Hispanic or Latino | | | | | | | | | | | Total Col A-N | |
| | Male | Female | Male | | | | | | Female | | | | | | |
| | | | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | | Two or more races |
| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | |
| Executive/Senior-Level Officials and Managers | | | | | | | | | | | | | | | |
| First/Mid-Level Officials and Managers | | | | | | | | | | | | | | | |
| Professionals | | | | | | | | | | | | | | | |
| Technicians | | | | | | | | | | | | | | | |
| Sales Workers | | | | | | | | | | | | | | | |
| Administrative Support Workers | | | | | | | | | | | | | | | |
| Craft Workers | | | | | | | | | | | | | | | |
| Operatives | | | | | | | | | | | | | | | |
| Laborers and Helpers | | | | | | | | | | | | | | | |
| Service Workers | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | |
| PREVIOUS YEAR TOTAL | | | | | | | | | | | | | | | |
| TYPE OF BUSINESS | <input type="checkbox"/> Manufacturing | | <input type="checkbox"/> Wholesale | | <input type="checkbox"/> Construction | | | <input type="checkbox"/> Regular Dealer | | <input type="checkbox"/> Selling Agent | | <input type="checkbox"/> Service Establishment | | | <input type="checkbox"/> Other |

Signature of Certifying Official

Company Name

Printed Name and Title

Address/City/State/Zip Code

Date Submitted

Telephone Number/Fax Number

LETTER OF INTENT TO SUBCONTRACT
(To be completed for Each SBE Subcontractor on Project)

Project Number _____

Project Title _____

_____ (“Prime Contractor”) agrees to enter into a contractual agreement with _____ (“SBE Subcontractor”), who will provide the following goods/services in connection with the above-referenced contract:

(Insert a brief narrative describing the goods/services to be provided. Broad categorizations (e.g., “electrical,” “plumbing,” etc.) or the listing of the NAICS Codes in which SBE Subcontractor is certified are insufficient and may result in this Letter of Intent to Subcontract not being accepted.)

for an estimated amount of \$ _____ or _____% of the total estimated contract value.

SBE Subcontractor is currently certified with the Missouri Regional Certification Committee (MRCC) or KDOT to perform in the capacities indicated herein. Prime Contractor agrees to utilize SBE Subcontractor in the capacities indicated herein, and SBE Subcontractor agrees to work on the above-referenced contract in the capacities indicated herein, contingent upon award of the contract to Prime Contractor.

Signature: SBE Prime Contractor

Signature: SBE Subcontractor

Print Name

Print Name

Title

Date

Title

Date

CONTRACTOR UTILIZATION PLAN/REQUEST FOR WAIVER

Project Number _____ Project Title _____

Prime Contractor _____

STATE OF _____)
COUNTY OF _____) SS

I, _____, of lawful age and upon my oath state as follows:

1. This Affidavit is made for the purpose of complying with the provisions of the Small Business Enterprise (SBE) submittal requirements on the above project and the DBE Program and is given on behalf of the Bidder/Proposer listed below. It sets out the Bidder/Proposer's commitment to utilize SBE contractors on the project.

2. **The project goal for SBE Participation is 100%.** Bidder/Proposer assures that it will utilize a minimum of the following percentages of SBE participation in the above project:

BIDDER/PROPOSER SBE PARTICIPATION COMMITMENT: _____%

3. The following are the SBE subcontractors whose utilization Bidder/Proposer warrants will meet or exceed the above-listed Bidder/Proposer Participation. Bidder/Proposer warrants that it will utilize the DBE subcontractors to provide the goods/services described in the applicable Letter(s) of Intent to Subcontract, (copies of which shall collectively be deemed incorporated herein). ***All firms must currently be certified with the Missouri Regional Certification Committee (MRCC) under 49 CFR Part 26. List additional DBEs, if any, on an additional page and attach to this form.***

a.

Name of SBE Firm _____ % of Work _____
Address _____
Telephone No. _____
Taxpayer ID No. _____

b.

Name of SBE Firm _____ % of Work _____
Address _____
Telephone No. _____
Taxpayer ID No. _____

c.

Name of SBE Firm _____ % of Work _____
Address _____
Telephone No. _____
Taxpayer ID No. _____

TOTAL DBE \$ AMOUNT ON PROJECT: \$ _____

TOTAL DBE % COMMITTED TO PROJECT: _____ %

4. Bidder/Proposer acknowledges that the monetary amount to be paid each listed DBE for their work, and which is approved herein, is an amount corresponding to the percentage of the total contract amount allocable to each listed SBE as calculated in the **Schedule of Participation by Contractor and Subcontractors** form. Bidder/Proposer further acknowledges that this amount may be higher than the subcontract amount listed therein as change orders and/or amendments changing the total contract amount may correspondingly increase the amount of compensation due a DBE for purposes of meeting or exceeding the Bidder/Proposer participation commitment.
5. Bidder/Proposer acknowledges that it is responsible for considering the effect that any change orders and/or amendments changing the total contract amount may have on its ability to meet or exceed the Bidder/Proposer participation. Bidder/Proposer further acknowledges that it is responsible for submitting a **Request for Modification or Substitution** form if it will be unable to meet or exceed the Bidder/Proposer participation set forth herein.
6. If Bidder/Proposer has not achieved the SBE commitment set for this Project, Bidder/Proposer hereby requests a waiver of the SBE commitment that Bidder/Proposer has failed to achieve.
7. Bidder/Proposer will present documentation of its good faith efforts, a narrative summary detailing its efforts and the reasons its efforts were unsuccessful when requested by KCATA.
8. I hereby certify that I am authorized to sign this Affidavit on behalf of the Bidder/Proposer named below and who shall abide by the terms set forth herein:

Bidder/Proposer Primary Contact: _____

Address: _____

Phone Number: _____

Facsimile Number: _____

E-mail Address: _____

By _____
(Signature)

Title _____

Date _____

(Attach corporate seal if applicable)

NOTARY:

Subscribed and sworn to before me this _____ day of _____, 20__.

My Commission Expires: _____

Notary Public

(Seal)

**AFFIDAVIT OF PRIMARY PARTICIPANTS
COMPLIANCE WITH SECTION 285.500 RSMO, ET SEQ.
REGARDING EMPLOYEE ELIGIBILITY VERIFICATION**

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me appeared _____, personally known by me or otherwise proven to be the person whose name is subscribed on this affidavit and who, being duly sworn, stated as follows: I am the _____ (title) of _____ (business entity) and I am duly authorized, directed or empowered to act with full authority on behalf of the business entity in making this affidavit.

I hereby swear or affirm that the business entity does not knowingly employ any person in connection with the contracted services who does not have the legal right or authorization under federal law to work in the United States as defined in 8 U.S.C. §1324a(h)(3).

I hereby additionally swear or affirm that the business entity is enrolled in an electronic verification of work program operated by the United States Department of Homeland Security (E-Verify) or an equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, under the Immigration Reform and Control Act of 1986, and that the business entity will participate in said program with respect to any person hired to perform any work in connection with the contracted services.

I have attached hereto documentation sufficient to establish the business entity's enrollment and participation in the required electronic verification of work program. I shall require that the language of this affidavit be included in the award documents for all sub-contracts exceeding \$5,000.00 at all tiers and that all subcontractors at all tiers shall affirm and provide documentation accordingly.

Affiant's signature

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission expires:

NOTE: An example of acceptable documentation is the E-Verify Memorandum of Understanding (MOU) – a valid, completed copy of the first page identifying the business entity and a valid copy of the signature page completed and signed by the business entity, the Social Security Administration, and the Department of Homeland Security.

**AFFIDAVIT OF LOWER-TIER PARTICIPANTS
COMPLIANCE WITH SECTION 285.500 RSMO, ET SEQ.
REGARDING EMPLOYEE ELIGIBILITY VERIFICATION**

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me appeared _____, personally known by me or otherwise proven to be the person whose name is subscribed on this affidavit and who, being duly sworn, stated as follows: I am the _____ (title) of _____ (business entity) and I am duly authorized, directed or empowered to act with full authority on behalf of the business entity in making this affidavit.

I hereby swear or affirm that the business entity does not knowingly employ any person in connection with the contracted services who does not have the legal right or authorization under federal law to work in the United States as defined in 8 U.S.C. §1324a(h)(3).

I hereby additionally swear or affirm that the business entity is enrolled in an electronic verification of work program operated by the United States Department of Homeland Security (E-Verify) or an equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, under the Immigration Reform and Control Act of 1986, and that the business entity will participate in said program with respect to any person hired to perform any work in connection with the contracted services.

I have attached hereto documentation sufficient to establish the business entity's enrollment and participation in the required electronic verification of work program. I shall require that the language of this affidavit be included in the award documents for all sub-contracts exceeding \$5,000.00 at all tiers and that all subcontractors at all tiers shall affirm and provide documentation accordingly.

Affiant's signature

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission expires:

NOTE: An example of acceptable documentation is the E-Verify Memorandum of Understanding (MOU) – a valid, completed copy of the first page identifying the business entity and a valid copy of the signature page completed and signed by the business entity, the Social Security Administration, and the Department of Homeland Security.

**CERTIFICATION OF PRIMARY PARTICIPANT
REGARDING DEBARMENT, SUSPENSION, AND OTHER
RESPONSIBILITY MATTERS**

The Primary Participant (applicant for an FTA grant or cooperative agreement, or potential Contractor for a major third-party contract), _____ certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
2. Have not within a three-year period preceding this bid, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
4. Have not within a three-year period preceding this application/bid had one or more public transactions (Federal, State or local) terminated for cause or default.

If the primary participant (applicant for FTA grant, or cooperative agreement, or potential third-party Contractor) is unable to certify to any of the statements in this certification, the participant shall attach an explanation to this certification.

THE PRIMARY PARTICIPANT (APPLICANT FOR AN FTA GRANT OR COOPERATIVE AGREEMENT, OR POTENTIAL CONTRACTOR FOR A MAJOR THIRD-PARTY CONTRACT), _____
_ CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED ON OR WITH THIS CERTIFICATION AND UNDERSTANDS THAT THE PROVISIONS OF 2 CFR PART 1200; 2 CFR PART 180; AND 49 CFR PART 29, SUPBART C ARE APPLICABLE THERETO.

Signature and Title of Authorized Official

Date

**CERTIFICATION OF LOWER-TIER PARTICIPANTS REGARDING
DEBARMENT, SUSPENSION, AND OTHER INELIGIBILITY
AND VOLUNTARY EXCLUSION**

The Lower Tier Participant (potential sub-grantee or sub-recipient under an FTA project, potential third-party Contractor, or potential subcontractor under a major third-party contract) _____, certifies, by submission of this bid, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

If the Lower Tier Participant (potential sub-grantee or sub-recipient under an FTA project, potential third-party Contractor, or potential subcontractor under a major third party contract) is unable to certify to any of the statements in this certification, such participant shall attach an explanation to this bid.

THE LOWER-TIER PARTICIPANT (POTENTIAL SUB-GRANTEE OR SUB-RECIPIENT UNDER AN FTA PROJECT, POTENTIAL THIRD PARTY CONTRACTOR, OR POTENTIAL SUBCONTRACTOR UNDER A MAJOR THIRD-PARTY CONTRACT), _____, CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED ON OR WITH THIS CERTIFICATION AND UNDERSTANDS THAT THE PROVISIONS OF 2 CFR PART 1200; 2 CFR PART 180; AND 49 CFR PART 29, SUPBART C ARE APPLICABLE THERETO.

Signature and Title of Authorized Official

Date

REFERENCES

Work accomplished by Contractor which best illustrates current qualification relevant to this project:

Job Description: _____
Contract Amount: _____
Time to Complete _____
Job: _____
Owner & Location: _____
Contact Name: _____ Telephone No.: _____
E-mail Address: _____ Contract Date: _____ to _____

Job Description: _____
Contract Amount: _____
Time to Complete _____
Job: _____
Owner & Location: _____
Contact Name: _____ Telephone No.: _____
E-mail Address: _____ Contract Date: _____ to _____

Job Description: _____
Contract Amount: _____
Time to Complete _____
Job: _____
Owner & Location: _____
Contact Name: _____ Telephone No.: _____
E-mail Address: _____ Contract Date: _____ to _____

**NON-COLLUSION AFFIDAVIT
(TO BE EXECUTED BY BIDDER AND SUBMITTED WITH BID)**

State of _____)

) SS.

County of _____)

_____: being first duly sworn, deposes and says that he or she is
(Name and Title of Person Signing)

of _____
(Name of Bidder)

And that all statements made, and facts set out in this bid for

the _____
(Name of Project)

are true and correct and that the bidder (firm, person, Association, or corporation making bid) has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with such bid or any contract which may result from its acceptance.

Affiant further certifies that bidder is not financially interested in or financially affiliated with, any other bidder for the project.

By _____

personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

Subscribed and sworn to before me on this _____ day of _____, 20____.

(Notary Public)

(My Commission Expires)

**KANSAS CITY AREA TRANSPORTATION AUTHORITY
CERTIFICATION OF PRIMARY PARTICIPANT
REGARDING FEDERAL TAX LIABILITY AND RECENT FELONY CONVICTIONS**

The Primary Participant (name of applicant for an FTA grant or cooperative agreement, or potential Contractor for a major third-party contract), _____ certifies to the best of its knowledge and belief, that it and its officers, directors, principals, and agents:

1. Do not have any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and if there is a federal tax liability that it is being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability.
2. Was not convicted of the felony criminal violation under any Federal law within the preceding 24 months; and
3. Have not more than 90 days prior to certification been notified of any unpaid federal tax assessment for which the liability remains unsatisfied.

If the primary participant (applicant for FTA grant, or cooperative agreement, or potential third-party Contractor) is unable to certify to any of the statements in this certification, the participant shall attach an explanation to this certification.

The Contractor agrees to include these requirements in all subcontracts at all tiers, regardless of value, and to obtain the same certification and disclosure from all subcontractors (at all tiers).

THE PRIMARY PARTICIPANT (APPLICANT FOR AN FTA GRANT OR COOPERATIVE AGREEMENT, OR POTENTIAL CONTRACTOR FOR A MAJOR THIRD-PARTY CONTRACT), _____ CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED ON OR WITH THIS CERTIFICATION AND UNDERSTANDS THAT THE PROVISIONS OF 48 CFR PARTS 1, 22 AND 52 ARE APPLICABLE THERETO.

Signature and Title of Authorized Official

Date

**KANSAS CITY AREA TRANSPORTATION AUTHORITY
CERTIFICATION OF LOWER TIER PARTICIPANT
REGARDING FEDERAL TAX LIABILITY AND RECENT FELONY CONVICTIONS**

The Primary Participant (name of applicant for an FTA grant or cooperative agreement, or potential Contractor for a major third-party contract), _____ certifies to the best of its knowledge and belief, that it and its officers, directors, principals, and agents:

1. Do not have any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and if there is a federal tax liability that it is being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability.
2. Was not convicted of the felony criminal violation under any Federal law within the preceding 24 months; and
3. Have not more than 90 days prior to certification been notified of any unpaid federal tax assessment for which the liability remains unsatisfied.

If the primary participant (applicant for FTA grant, or cooperative agreement, or potential third-party Contractor) is unable to certify to any of the statements in this certification, the participant shall attach an explanation to this certification.

The Contractor agrees to include these requirements in all subcontracts at all tiers, regardless of value, and to obtain the same certification and disclosure from all subcontractors (at all tiers).

THE PRIMARY PARTICIPANT (APPLICANT FOR AN FTA GRANT OR COOPERATIVE AGREEMENT, OR POTENTIAL CONTRACTOR FOR A MAJOR THIRD-PARTY CONTRACT), _____ CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED ON OR WITH THIS CERTIFICATION AND UNDERSTANDS THAT THE PROVISIONS OF 48 CFR PARTS 1, 22 AND 52 ARE APPLICABLE THERETO.

Signature and Title of Authorized Official

Date

**KANSAS CITY AREA TRANSPORTATION AUTHORITY
SCHEDULE OF PARTICIPATION BY CONTRACTOR & SUBCONTRACTORS**

KCATA Project # _____ Description: _____ Date: _____

Form must be submitted for each prospective offeror and submitted with proposal. Use additional forms if needed. NAICS codes are required for each firm. The list may be found at U.S. Small Business Administration's website at <http://www.sba.gov/content/small-business-size-standards>

| PRIME CONTRACTOR | | | | | |
|---|--------------------------|---------------------------------|---------------|------------------|--------------------------|
| Name and Address | Telephone No. Fax No. | Type of Work To Be Performed | NAICS Code | Value of Work | SBE/DBE Participation |
| | | | | \$ | % |
| PARTICIPATION BY SBE/DBE SUBCONTRACTOR(S) AND MAJOR SUPPLIERS - | | | | | |
| Name and Address | Telephone No. Fax No. | Type of Work To Be Performed | NAICS Code | Value of Work | SBE/DBE Participation |
| | | | | \$ | % |
| | | | | \$ | % |
| | | | | \$ | % |
| | | | | \$ | % |
| | | | | \$ | % |

TOTAL VALUE OF WORK \$ _____

TOTAL CONTRACT VALUE OF WORK
(FROM BID FORM) \$ _____

TOTAL SBE/DBE PARTICIPATION \$ _____

TOTAL PERCENTAGE OF DSBE/DBEPARTICIPATION _____%

THE UNDERSIGNED WILL ENTER INTO A FORMAL AGREEMENT WITH THE SUBCONTRACTOR(S) FOR THE WORK LISTED ON THIS SCHEDULE.

Prime Contractor (Type/Print) _____ Date _____

Authorized Signature _____ Title _____

Name (Type/Print) _____ Telephone #/Fax # _____