

**General Contractor, Subcontractors\Suppliers\Consultants - Form 100-GC
Affidavit of MBE/WBE Implementation Plan**

Direct Participation of MBE/WBE Firms

Name of M/WBE Firm:			Race/Gender:
Address:			
City/State/Zip:			
Telephone Number:		Fax:	Certification exp. date:
Contact Person			
Dollar Amount:: \$	%	Form 101 Attached? Yes	or No (circle one)
Description of Commodity/Service to be provided			
Name of M/WBE Firm:			Race/Gender:
Address:			
City/State/Zip:			
Telephone Number:		Fax:	Certification exp. date:
Contact Person			
Dollar Amount:: \$	%	Form 101 Attached? Yes	or No (circle one)
Description of Commodity/Service to be provided			
Name of M/WBE Firm:			Race/Gender:
Address:			
City/State/Zip:			
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Contact Person			
Dollar Amount:: \$	%	Form 101 Attached? Yes	or No (circle one)
Description of Commodity/Service to be provided			
Name of M/WBE Firm:			Race/Gender:
Address:			
City/State/Zip:			
Telephone Number:		Fax:	Certification exp. date:
Contact Person			
Dollar Amount:: \$	%	Form 101 Attached? Yes	or No (circle one)
Description of Commodity/Service to be provided			

Total Non-MBE/WBE \$ _____ % **Black** \$ _____ %
Total MBE \$ _____ % **Hispanic** \$ _____ %
Total WBE \$ _____ % **Asian** \$ _____ %