SECTION 00 43 00
FORM 100-GC

MBE/WBE PARTICIPATION SUMMARY

FACILITY/PROJECT: School Name/Project
CPS PROJECT NO: 2018-#####-XXX

Each Bidder must submit, as part of their Bid, a detailed compliance demonstration showing the manner in which the Bidder will comply with M/WBE requirements. The compliance demonstration is an element of Bidder responsibility. The compliance demonstration must show how all applicable goals and sub-goals will be fulfilled. Proposed M/WBEs must be identified. If full compliance with all goals is not demonstrated, a request for waiver must be submitted. Only certifications from governmental agencies are acceptable.

Include Prime Bidder and all M/WBEs

TOTAL CONTRACT VALUE: _____

The Goals Applicable to this contract are: 30% MBE and 7% WBE (with no subgoals)

PROPOSED PARTICIPATION: Total MBE _____ % Total WBE _____ %

GENERAL CONTRACTOR: _____

TELEPHONE NUMBER: _____

Description of Commodities/Services to be provided by the Bidder/Proposer on this work order:

_____

MBE/WBE firms may participate as Prime Bidders/Proposers, Joint Venture Partners, Subcontractors and/or Supplier of commodities and/or services directly related to the performance of this contract.

DIRECT PARTICIPATION OF MBE/WBE FIRMS
NOTE: Indirect Particpation is not allowed under General Contracting Services Agreements

Name of M/WBE Firm:				
Address:				
City/State/Zip:				
Telephone Number:			Race/Gender:	
Contact Person:			Certification Exp. Date:	
Contract Amount:	$	%	Form 101 Attached?	Yes or No
Commodity/Service to be provided:				

DIRECT PARTICIPATION OF MBE/WBE FIRMS (continued)

Name of M/WBE Firm:				
Address:				
City/State/Zip:				
Telephone Number:			Race/Gender:	
Contact Person:			Certification Exp. Date:	
Contract Amount:	$	%	Form 101 Attached?	Yes or No
Commodity/Service to be provided:				

Name of M/WBE Firm:				
Address:				
City/State/Zip:				
Telephone Number:			Race/Gender:	
Contact Person:			Certification Exp. Date:	
Contract Amount:	$	%	Form 101 Attached?	Yes or No
Description of Commodity/Service to be provided:				

Name of M/WBE Firm:				
Address:				
City/State/Zip:				
Telephone Number:			Race/Gender:	
Contact Person:			Certification Exp. Date:	
Contract Amount:	$	%	Form 101 Attached?	Yes or No
Description of Commodity/Service to be provided:				

Name of M/WBE Firm:				
Address:				
City/State/Zip:				
Telephone Number:			Race/Gender:	
Contact Person:			Certification Exp. Date:	
Contract Amount:	$	%	Form 101 Attached?	Yes or No
Description of Commodity/Service to be provided:				

Name of M/WBE Firm:				
Address:				
City/State/Zip:				
Telephone Number:			Race/Gender:	
Contact Person:			Certification Exp. Date:	
Contract Amount:	$	%	Form 101 Attached?	Yes or No
Description of Commodity/Service to be provided:				

SUMMARY OF DIRECT PARTICIPATION OF MBE/WBE FIRMS

Total Non-MBE/WBE	$	%	Black	$	%
Total MBE	$	%	Hispanic	$	%
Total WBE	$	%	Asian	$	%

VERIFICATION INFORMATION

I, _____, do declare and affirm that, to the best of my knowledge, information and belief, the facts and representations set forth in this compliance demonstration are true and correct and no material facts have been omitted.

_____ _____
Signature Date

On this _____ day of _____, 20____, the above signed officers personally appeared and, known to be the persons described in the forgoing Affidavit, acknowledged that they executed the same in the capacity therein stated and for the purpose therein contained.

_____
Signature of Notary Public

(SEAL) My Commission Expires: _____