ATTACHMENT E – CERTIFIED DISADVANTAGED BUSINESS OUTREACH PLAN

Proposer Name:	Date:			
Contact Name:	Telephone:	Email:		
Enterprises (OMWBE). The purpo in state-funded projects or workin universities. Projects include any companies. This includes a wide ve	se is to enhance busine g with state agencies, lo work or product state a ariety of different types	n Office of Minority and Women's be ss opportunities for certified busine ocal governments, school districts, a gencies, or other entities, wish to be s of businesses, such as construction d many other industries and service	esses participating and public uy from private 1, consulting,	
state funds. By submitting its offer	r, Proposer certifies tha re that Certified Firms a	pate in the performance of contract t it has taken, and if there are furtho are provided an equal opportunity t ing from this procurement.	er opportunities,	
The information submitted in resp	oonse to this clause will	not be considered in any scored ev	aluation.	
1. Is Proposer a Washington cer	tified firm? Yes 🔲 N	Io 🗌		
If yes, indicate all certification ty	vpe(s): MWBE 🔲 MBE	☐ WBE ☐ CBE ☐ SEDBE ☐	and supply	
Washington State Certification N	Number:			
2. Include a list of Certified Firm two years.	s that Proposer has h	ad a contractual relationship wit	h within the last	
		ractual relationship with within t ned, woman-owned, disabled veto		
4. Does Proposer foresee any su	bcontracting opportu	unities for this procurement? Yes	□ No □	