



SLBE SUBCONTRACTOR/SUPPLIER UTILIZATION PLAN

Directions to Bidder/Proponent: Please complete this form in its entirety and submit with bid/proposal documents. Attach a copy of each SLBE'S proof of certification and current business license. A signed Letter of Intent from each SLBE listed must be completed and attached.

Bidder/Proponent:

Solicitation: Name:

Solicitation Number:

1. My firm, as the prime bidder/proponent on this unit of work, is a certified (check all that apply):
SLBE-CLAYTON SLBE-MSA
2. If you are a certified SLBE-CLAYTON or SLBE-MSA, please indicate the percentage of work that your firm will carry out directly:
3. If the prime bidder/proposer is a joint venture, please describe the nature of the joint venture and the work and percentage of participation to be provided by the SLBE-CLAYTON or SLBE-MSA.
4. List the SLBE-CLAYTON or SLBE-MSA subcontractors and/or firms (including suppliers) to be utilized on this contract, if awarded. No changes can be made in the subcontractors listed below without the prior written approval of CCPS.

4a) Name of Company:

Address:

Contact Person:

Email:

Telephone:

Indicate certification:

SLBE-CLAYTON

SLBE-MSA

Please indicate if the SLBE-CLAYTON/SLBE-MSA is also a: (please check all that apply and attach any proof of certification available):

Minority Owned Business Enterprise (MBE)

African American

Woman Owned Business Enterprise (WBE)

Caucasian American

Disadvantaged Business Enterprise (DBE)

Hispanic American

Veteran or Service Disabled Veteran Owned

Asian Pacific

Native American

Description of services to be performed:

Percentage of total work to be performed:

Dollar Value of work to be performed:

4b) Name of Company:

Address:

Contact Person:

Email:

Telephone:

Indicate certification status and attach proof of certification:

SLBE-CLAYTON

SLBE-MSA

Please indicate if the SLBE-CLAYTON/SLBE-MSA is also a: (please check all that apply and attach any proof of certification available):

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Woman Owned Business Enterprise (WBE)

Caucasian American

Disadvantaged Business Enterprise(DBE)

Hispanic American

Veteran or Service Disable Veteran Owned

Asian Pacific

Native American

Description of services to be performed:

Percentage of total work to be performed:

Dollar Value of work to be performed:

4c) Name of Company:

Address:

Contact Person:

Email:

Telephone:

Indicate certification status and attach proof of certification:

SLBE-CLAYTON

SLBE-MSA

Please indicate if the SLBE-CLAYTON/SLBE-MSA is also a: (please check all that apply and attach any proof of certification available):

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Woman Owned Business Enterprise (WBE)

Caucasian American

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Hispanic American

Veteran or Service Disable Veteran Owned

Asian Pacific

Native American

Description of services to be performed:

Percentage of total work to be performed:

Dollar Value of work to be performed:

4d) Name of Company:

Address:

Contact Person:

Email:

Telephone:

Indicate certification:

SLBE-CLAYTON

SLBE-MSA

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Hispanic American

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Native American

Description of services to be performed:

Percentage of total work to be performed:

Dollar Value of work to be performed:

4e) Name of Company:

Address:

Contact Person:

Email:

Telephone:

Indicate certification:

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SLBE-MSA

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