

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 completed and attached.

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	·/Proponent: ation: Name:					
Solicita	ation Number:					
1.	My firm, as the prime SLBE-CLAYTON	bidder/proponent on th SLBE-MS	is unit of work, is a certified (check all that apply):			
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) N	lame of Company:					
Addres	SS:					
Contact Person:			Email:			
Teleph	none:					
Indicat	te certification:					
	SLBE-CLAYTON	SLBE-MSA				
	e indicate if the SLBE-C cation available):	CLAYTON/SLBE-MSA	s also a: (please check all that apply and attach any proof of			
	Minority Owned Busin	ess Enterprise (MBE)	African American			
	Woman Owned Busin	ess Enterprise (WBE)	Caucasian American			
	Disadvantaged Busine	ess Enterprise(DBE)	Hispanic American			
Veteran or Service		sable 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	cation:					
Please indicate if the SLBE-CLAYTON/SLBE-MSA is also a: (please check all that apply and attach any procertification available):						
Minority Owned Business Enterprise (MBE)	African American					
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 o 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 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:			
Addre	ess:			
Contact Person:		Eı	Email:	
Telep	hone:			
Indica	ate certification:			
	SLBE-CLAYTON	SLBE-MSA		
	fication available):		lso a: (please check all that apply and attach any proof	of
	Minority Owned Busin	. , ,	African American	
		ess Enterprise (WBE)	Caucasian American	
Disadvantaged Business		sable Veteran Owned	Hispanic American	
	veteran or Service Dis	sable veteran Owned	Asian Pacific Native American	
Desc	ription of services to be	nerformed:	Native American	
DC30	inplient of services to be	periorineu.		
Perce	entage of total work to be	e performed:		
Dolla	r Value of work to be pe	rformed:		
4e)	Name of Company:			
Addre	ess:			
Conta	act Person:	Eı	mail:	
Telep	hone:			
Indica	ate certification:			
	SLBE-CLAYTON	SLBE-MSA		
		CLAYTON/SLBE-MSA is a	lso a: (please check all that apply and attach any proof	of
certi	fication available): Minority Owned Busin	ess Enterprise (MBE)	African American	
	Woman Owned Busin	. , ,	Caucasian American	
	Disadvantaged Busine	. , ,	Hispanic American	
	Veteran or Service Dis	sable Veteran Owned	Asian Pacific	
			Native American	
Desc	ription of services to be	performed:		
Perce	entage of total work to be	e performed:		
Dolla	r Value of work to be pe	rformed:		