



**OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT
SCHEDULE OF COUNTY BUSINESS ENTERPRISE (CBE) SUBCONTRACTOR PARTICIPATION¹**

SOLICITATION NUMBER:		PROJECT TITLE:			
PRIME CONTRACTOR NAME:		ADDRESS:		PHONE:	FAX:
SUBCONTRACTOR NAME	ADDRESS and PHONE NUMBER	SERVICES/WORK TO BE PERFORMED	CBE? (Y/N)	SUB-CONTRACT AMT (% OF TOTAL BASE BID)	SUB-CONTRACT AMT (\$)
TOTAL BASE BID²					\$
TOTAL PROPOSED CBE SUBCONTRACTS²					\$
BIDDER'S PROPOSED CBE PARTICIPATION³					%

I hereby certify that the above is a true reflection of proposed subcontracts, and that said firms shall be contracted to work on the trades specified and/or supply materials and/or equipment for this project. I have included a properly executed letter of intent for each CBE firm mentioned in this schedule with our response.

Name and Title of Authorized Representative	Signature	Date
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¹ Form to be completed and signed by the bidder/offeror; Use additional sheets if necessary.

² To be provided only when the solicitation requires that the bidder/offeror include the dollar amount in its bid.

³ Total proposed CBE participation (\$) divided by bidder's total base bid (less any exclusions specifically mentioned in the solicitation), or total of all CBE Participation (%) if dollar amount is not required.