



Piggybacking Attestation Form

Municipality/County Agency:

I _____ am requesting to piggyback on the project referenced below for
(Municipality/County Agency)
the partially or fully funded Surtax project _____
(Surtax Project Name, Project Number)

I understand and confirm that by piggybacking on this project the prime vendor listed below is required to meet the CBE commitment, as well as utilize the CBE firms and their percentages as stated on the original contract.

Prime Vendor:

I _____ commit to meeting the CBE commitment, as well as utilizing
(Prime Vendor)
the CBE firms and their percentages as stated on the original contract for the project referenced below.

Project Name: _____

Prime Vendor Name: _____

Project Originator: _____

Contract #/Project #: _____

CBE Commitment Percentage: _____

CBE Firms

CBE	Percentage %	Scope of Work

_____	_____	_____
Prime Vendor's Authorized Representative Name and Title	Signature	Date

_____	_____	_____
Municipal Authorized Representative Name and Title	Signature	Date