**ATTACHMENT B**

**PARTICIPATION SCHEDULE FOR DESIGNER CONTRACTS**

**BY SDO CERTIFIED MINORITY AND WOMEN BUSINESS ENTERPRISES**

**Commonwealth of Massachusetts**

**Department of Housing and Community Development**

**This form shall be submitted to DHCD by the Designer upon execution of the Contract for Designer Services attached hereto.**

 **Housing Authority**

Development Number

**DHCD Project No:**

**Name of Company Description of Work M/WBE Dollar Value**

**Participation**

1. $

2. $

3. $

4. $

5. $

6. $

**Dollar Value of MBE Commitment: $**

**Dollar Value of WBE Commitment: $**

**Total Dollar Value Commitment: $**

**Original Contract Amount $**

**DESIGNER CERTIFICATION**

The undersigned certifies under the penalties of perjury that (1) it intends to subcontract with the above listed firms for the identified work and dollar amounts (unless a waiver or partial waiver has been granted by the Department) and (2) certifies that he/she has read the terms and conditions of the DHCD Designer Contract with regards to MBE/WBE participation and is authorized to bind the Designer to the commitment set forth above.

**Date**

Name of Architect/Engineer

Authorized Signature

Address

City, State & Zip Code