

SCHEDULE FOR PARTICIPATION
FOR DESIGN HOUSE DOCTOR PROJECTS ONLY
 BY MINORITY/WOMEN BUSINESS ENTERPRISES
 DIVISION OF CAPITAL ASSET MANAGEMENT AND MAINTENANCE

DCAMM Project Number _____ Project Location _____

Project Name _____

This form must be submitted by the Designer within five (5) working days after the Designer receives notice of selection (A-5 Letter). A Letter of Intent and Massachusetts Supplier Diversity Office (SDO) certification letter for each MBE/WBE must be submitted with this Schedule for MBE/WBE participation.

If the designer does not have a confirmed dollar value for a particular MBE /WBE listed, designer is required to list an ESTIMATED VALUE of participation for each. The Designer is responsible for updating the Schedule for Participation as total dollar values are finalized. The Designer must complete the Total Dollar Value of MBE Commitment and Total Dollar Value of WBE Commitment below with dollar amounts that, when added together, meet the Overall Combined MBE/WBE Goal for the Contract.

DESIGN FIRM CERTIFICATION:

The undersigned Design firm agrees that it will subcontract with the following listed firms for the work described and for the dollar amounts listed below. For purposes of this commitment, the MBE and WBE designation means that a business has been certified by the SDO as either an MBE, WBE or MBE/WBE. The Designer must indicate the MBE/WBE firms it intends to utilize on the contract as follows (attach additional sheets if necessary):

Company Name & Address	MBE or WBE	Describe MBE/WBE Scopes of Work	✓ ONLY if Estimated Value	Total Dollar Value of Participation
1.			<input type="text"/>	\$
2.			<input type="text"/>	\$
3.			<input type="text"/>	\$
4.			<input type="text"/>	\$
5.			<input type="text"/>	\$
6.			<input type="text"/>	\$
7.			<input type="text"/>	\$

combined MBE/WBE Goal: \$ _____ Total Dollar Value of MBE Commitment: \$ _____

Total Dollar Value of WBE Commitment: \$ _____

The undersigned hereby certifies that he/she has read the terms and conditions of the contract with regard to MBE/WBE participation and is authorized to bind the Designer to the commitment set forth above.

Name of Designer _____ Authorized Signature _____

Business Address _____ Print Name _____

_____ Title _____

Telephone No. _____ Date _____

Email _____