

## **MBE/WBE/SDVE COMPLIANCE EVALUATION FORM**

This form is to be completed by bidders and submitted to Planning, Design and Construction prior to the awarding of the construction contract.

The undersigned submits the following data with respect to this firm's assurance to meet the Owner's goal for MBE/WBE/SDVE participation.

1. Project: \_\_\_\_\_
2. Name of General Contractor \_\_\_\_\_
3. Name of MBE/WBE/SDVE Firm: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Officer: \_\_\_\_\_
4. Describe the subcontract work to be performed. (List Base Bid work and any Alternate work separately): Base Bid \_\_\_\_\_  
Alternate(s), (identify separately): \_\_\_\_\_
5. Dollar amount of contract to be subcontracted to the MBE/WBE/SDVE Firm:  
Base Bid: \$ \_\_\_\_\_ Alternate(s), (identify separately): \$ \_\_\_\_\_  
\_\_\_\_\_
6. Is the proposed subcontractor listed in the Minority/Women Business Enterprise Directory maintained by the Office of Equal Opportunity, State of Missouri?  
  
Yes \_\_\_\_\_ No \_\_\_\_\_  
  
Is the proposed subcontractor certified as a MBE/WBE/SDVE firm by any of the following: federal government agencies, state agencies, State of Missouri city or county government agencies?  
  
Yes \_\_\_\_\_ No \_\_\_\_\_  
  
If yes, provide details: \_\_\_\_\_  
If the answer is no to both questions above, please attach the information requested in the MBE/WBE/SDVE Eligibility Determination Form.

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
By

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature