FORM **DGS-MBE-02B**

MG&BPW Initials

STATE OF MARYLAND

DEPARTMENT OF GENERAL SERVICES

SCHEDULE FOR MBE SUBCONTRACT PARTICIPATION

1. PRIME CONTRACTOR NAME (ADDRESS, STREET, CITY STATE, ZIP) TELEPHONE:

2. PROJECT LOCATION (ADDRESS, STREET, CITY, STATE, ZIP)

3. PROJECT NUMBER: _____ 4. TOTAL CONTRACT DOLLAR AMOUNT: $_____

PROJECT NAME:_____

5. LIST THE DATA REQUESTED FOR EACH MINORITY FIRM IN THIS PROJECT:

A. MINORITY FIRM: _____ (__) _____
NAME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP) TELEPHONE#:

Work or Service to be performed: Federal ID#:_____ Ethic Status _____

Project Commitment Date: Completion Date: MBE OFFICE APPROVAL: YES ☐ NO ☐

Agreed Dollar Amount: $_____ Percentage to Total Contract:_____%

B. MINORITY FIRM: _____ (__) _____
NAME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP) TELEPHONE#:

Work or Service to be performed: Federal ID#:_____ Ethic Status _____

Project Commitment Date: Completion Date: MBE OFFICE APPROVAL: YES ☐ NO ☐

Agreed Dollar Amount: $_____ Percentage to Total Contract:_____%

C. MINORITY FIRM: _____ (__) _____
NAME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP) TELEPHONE#:

Work or Service to be performed: Federal ID#:_____ Ethic Status _____

Project Commitment Date: Completion Date: MBE OFFICE APPROVAL: YES ☐ NO ☐

Agreed Dollar Amount: $_____ Percentage to Total Contract:_____%

D. MINORITY FIRM: _____ (__) _____
NAME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP) TELEPHONE#:

Work or Service to be performed: Federal ID#:_____ Ethic Status _____

Project Commitment Date: Completion Date: MBE OFFICE APPROVAL: YES ☐ NO ☐

Agreed Dollar Amount: $_____ Percentage to Total Contract:_____%

6. MINORITY TOTAL DOLLAR AMOUNT: $_____ PERCENTAGE OF TOTAL CONTRACT:_____%

7. THIS FORM PREPARED BY: (Contractor signature is required)

NAME TITLE DATE

(DGS OFFICIAL USE ONLY)
APPROVED: ☐ YES ☐ NO

DATE **SIGNATURE - MINORITY BUSINESS ENTERPRISE OFFICE**

Approved by:_____ Assistant Secretary Robert Cheeks DATE: _____