

FORM A
City of Syracuse

M/WBE Participation Plan (Page ____ of ____)

Project Address: _____ Agency: _____

Total Contract Amount: _____ MBE \$ Goal: _____ WBE \$ Goal: _____

General/Prime Contractor Information

Name of General/Prime Contractor: _____

Address: _____ Email: _____

Business Phone: _____ Cell Phone: _____ Other: _____

Tax I.D. or SS #: _____ *Ethnicity: _____

List below the names of all proposed Minority/Women Business Enterprises that are Certified by the City of Syracuse, the services they will provide, the amount of money they will receive, the date the project will start and its estimated date of completion.

Name: _____ Address: _____

Phone: _____ Cell: _____ Tax ID or Soc. Sec. #: _____ MWBE WBE (check one)

Amount: _____ Type of work, services, supplies _____

Start Date: _____ Completion Date: _____

Name: _____ Address: _____

Phone: _____ Cell: _____ Tax ID or Soc. Sec. #: _____ MWBE WBE (check one)

Amount: _____ Type of work, services, supplies _____

Start Date: _____ Completion Date: _____

Name: _____ Address: _____

Phone: _____ Cell: _____ Tax ID or Soc. Sec. #: _____ MWBE WBE (check one)

Amount: _____ Type of work, services, supplies _____

Start Date: _____ Completion Date: _____

I hereby certify that the dollar amount to be contracted with City of Syracuse Certified M/WBE sub contractors is at least _____ % of the total contract price for the above-named project, and that the foregoing and attached information is true and accurate and complete to the best of my knowledge.

***Note: This Plan must be approved by the City of Syracuse prior to execution of the contract.**

Print Name: _____ Title: _____

Signature(s): _____ Date: _____
Authorized signature(s) of General/Prime Contractor or Designee

For Official Use Only

Approved By: _____ Date: _____

Return To: Director of Equity Compliance, Department of Management and Budget
223 E. Washington Street, Rm 213, Syracuse, N.Y. 13202
Phone: 448-8408 Fax: 448-8036