

**FORM A - COMPLIANCE PLAN - CITY OF MILWAUKEE – DEPARTMENT OF PUBLIC WORKS  
M/W/SBE PARTICIPATION FOR SUBCONTRACTORS AND/OR MATERIAL SUPPLIERS**

PRIME CONTRACTOR’S NAME: \_\_\_\_\_

OFFICIAL NOTICE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

TOTAL BID AMOUNT: \_\_\_\_\_

TOTAL M/W/SBE AMOUNT: \_\_\_\_\_

This Form A must be completed in its entirety and is a **required** submission with a Bid or Request for Proposal. List all proposed M/W/SBE subcontractor(s) and/or material supplier(s) for this project. **NOTE:** To receive full credit, M/W/SBE’s must perform commercially useful work at the job site. **ONLY** up to twenty percent (20%) credit may be given under certain circumstances to M/W/SBE suppliers or other M/W/SBE contractors who assist in management of the project. I/We propose to utilize the following M/W/SBE subcontractor(s) and/or material supplier(s):

**MBE:**

**Fill in BID REQUIREMENTS:** \_\_\_\_\_% African-Amer \_\_\_\_\_%Asian-Amer \_\_\_\_\_%Hispanic \_\_\_\_\_%Native-Amer; **AND** \_\_\_\_\_% **WBE**; \_\_\_\_\_% **SBE**

M/W/SBE FIRM(S) NAME ADDRESS/CONTACT PERSON AND PHONE NUMBER	<b>LIST DESIGNATION: MINORITY/ WOMAN/ SMALL BUSINESS</b>	PERCENT OF BID	AMOUNT	EXPLAIN WORK TO BE PERFORMED/MATERIAL SUPPLIED	AUTHORIZED M/W/SBE(S) OWNER/REPRESENTATIVE SIGNATURE OF ACKNOWLEDGEMENT
1.					
2.					
3.					
4.					
5.					

I certify that the information included on this Form A is true and complete to the best of my knowledge. I further understand and agree that this Form A is a condition of my Bid/RFP responsiveness. Failure to submit this form and/or meet the specified M/W/SBE requirements may render the Bid/RFP nonresponsive.

CONTRACTOR: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(SIGNATURE & TITLE REQUIRED)

REVIEWED BY OSBD ANALYST: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DEPARTMENT OF PUBLIC WORKS: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_