

**CITY OF ROCHESTER
MWBE FORM A**

MWBE GOALS: MBE 15%, WBE 15%

MWBE UTILIZATION PLAN – PROFESSIONAL CONSULTANT SERVICES

Project Name _____ **Agreement #** _____

Consultant _____ **Total Contract Amount* \$** _____ **Original Plan** **Revised Plan**

MWBE Business Name	M B E	W B E	Scope of Work to be Performed	Projected Start Date	Projected End Date	Total Amount of MWBE Subcontract	Percentage of Total Contract*
TOTAL:							

*Total Contract equals contract award plus all change orders

Authorized Person _____ **Title** _____ **Phone** _____

Signature _____ **Date** _____ **Email** _____

Approved by MWBE Officer _____ **Date** _____