

**CITY OF ROCHESTER  
MWBE FORM SP SHORT FORM PROPOSED MWBE PLAN**

Project Name: \_\_\_\_\_ Bid # \_\_\_\_\_

Name of Bidder: \_\_\_\_\_

As the prime contractor of the work that I am bidding, I understand that this project has MWBE goals.

Check one: \_\_\_\_\_ I **WILL** meet the 30% aggregate MWBE goals split between 20% M and 10% W

\_\_\_\_\_ I **WILL NOT** be able to meet the 30% aggregate MWBE goals split between 20% M and 10% W

Check if true: \_\_\_\_\_ My company is a state certified MWBE company.

Subcontractors I will use to meet the MWBE goals. List any subcontractors you will use even if only partially meeting the goals.

_____	_____	Circle Category:	M	W
Name of Company	Contact			

_____	_____	Circle Category:	M	W
Name of Company	Contact			

_____	_____	Circle Category:	M	W
Name of Company	Contact			

If you cannot meet the MWBE goals, you must submit an explanation why. Include potential subcontractors you contacted to work on this contract.

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\_\_\_\_\_  
Your name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date