EAST-WEST GATEWAY
Council of Governments
Creating Solutions Across Jurisdictional Boundaries

# ATTACHMENT F
# D/S/W/MBE Participation Form

EAST-WEST GATEWAY
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**Solicitation #102317 - RFP For Regional Healthcare Coalition Emergency Response Plan**

| **Total Proposed Project Costs** | |
|---|---|

## D/S/W/MBE Information

| | **Type of Firm (*Check all that apply*)** | **Name & Address** | **$ Value of Work** | **Estimated % Participation** |
|---|---|---|---|---|
| 1. | ☐ DBE ☐ SBE ☐ WBE ☐ MBE | | | |
| 2. | ☐ DBE ☐ SBE ☐ WBE ☐ MBE | | | |
| 3. | ☐ DBE ☐ SBE ☐ WBE ☐ MBE | | | |
| 4. | ☐ DBE ☐ SBE ☐ WBE ☐ MBE | | | |
| 5. | ☐ DBE ☐ SBE ☐ WBE ☐ MBE | | | |
| | | **Total** | | |

In general, any work performed by a firm that is not a D/S/W/MBE cannot be counted toward the D/S/W/MBE participation for the project. This includes work that a D/S/W/MBE subcontracts to a non-D/S/W/MBE. A D/S/W/MBE that has been included as part of the project team must disclose its intent to subcontract a portion of its work to a non-D/S/W/MBE.

**Will any of the D/S/W/MBEs listed above subcontract out any of its work to a non-D/S/W/MBE?** ☐ Yes ☐ No

*If "Yes," please provide a description of the work that will be subcontracted to a non-D/S/W/MBE and the estimated percentage of work to be subcontracted.*

*The undersigned submits the above list of D/S/W/MBEs that will be used to accomplish, at least in part, the work described in the solicitation documents.*

**Responding Firm** _____

**Name & Title of Authorized Official** _____

**Signature of Authorized Official** _____

**Date** _____