

## General Contractor, Subcontractors\Suppliers\Consultants - Form 100-GC Affidavit of MBE/WBE Implementation Plan

**Direct Participation of MBE/WBE Firms**

Name of M/WBE Firm:			Race/Gender:
Address:			
City/State/Zip:			
Telephone Number:		Fax:	Certification exp. date:
Contact Person			
Dollar Amount:: \$	%	Form 101 Attached? Yes	or No (circle one)
Description of Commodity/Service to be provided			
Name of M/WBE Firm:			Race/Gender:
Address:			
City/State/Zip:			
Telephone Number:		Fax:	Certification exp. date:
Contact Person			
Dollar Amount:: \$	%	Form 101 Attached? Yes	or No (circle one)
Description of Commodity/Service to be provided			
Name of M/WBE Firm:			Race/Gender:
Address:			
City/State/Zip:			
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Dollar Amount:: \$	%	Form 101 Attached? Yes	or No (circle one)
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Name of M/WBE Firm:			Race/Gender:
Address:			
City/State/Zip:			
Telephone Number:		Fax:	Certification exp. date:
Contact Person			
Dollar Amount:: \$	%	Form 101 Attached? Yes	or No (circle one)
Description of Commodity/Service to be provided			

<b>Total Non-MBE/WBE</b>	\$ _____	_____ %	<b>Black</b>	\$ _____	_____ %
<b>Total MBE</b>	\$ _____	_____ %	<b>Hispanic</b>	\$ _____	_____ %
<b>Total WBE</b>	\$ _____	_____ %	<b>Asian</b>	\$ _____	_____ %