



RFP/Q Subconsultant Utilization Plan (Statement of Intent to Utilize Firms)

Page _____ of _____

This document must be accurately completed, signed and submitted with RFP/RFQ Submittal

Project Name:		RFP/Q Number (if applicable):	
Company Name:		Federal Tax ID#:	
Address:		Contact Person:	
E-mail:	Telephone #:	Date Submitted:	

The above named Consultant must list **all proposed firms** (both SBE and non-SBE) for the project. Failure to complete this form with all of the requested information may result in the Consultant not fulfilling the SBE utilization requirements outlined in the RFP/Q.

Company Name/Address/Contact Person/Telephone/Email	Federal Tax ID#	Describe Exact Type of Work/*Supplier	*Subcontract Percentage	SBE	MBE	WBE	Non-S/M/D/WBE	Calculation (For Office Use Only)
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*** If the materials or supplies are obtained from an SBE manufacturer, 100% of the cost of the materials or supplies shall count toward SBE goals. If the materials or supplies are purchased from an SBE that is not a manufacturer, 60% of the cost of the materials or supplies shall count toward SBE goals.**

I certify that the above information is true to the best of my knowledge. The company acknowledges and agrees that if awarded the contract, formal agreements will be executed with the companies listed above and the RFP/Q Subconsultant Utilization Plan form will be included as part of the contract. Any change in the above listed subconsultants must be reported to the MSD SBE Program prior to a change taking place.

Signature: _____ Print Name: _____ Title: _____ Date: _____