

Allegheny County Economic Development MW/DBE/VOSB PARTICIPATION STATEMENT

A good faith effort must be made to meet the ACED MW/DBE/VOSB contract goals of 13% MBE, 2% WBE, and 5% VOSB PARTICIPATION.

INCLUDE IN BID SPECIFICATIONS

ALL COLUMNS MUST BE COMPLETELY FILLED IN FOR ALL MWDBE/VOSB SUBCONTRACTORS AND SUPPLIERS

SOLICITATION AND COMMITMENT

MINORITY, WOMEN AND DISADVANTAGED BUSINESS ENTERPRISES and VETERAN-OWNED SMALL BUSINESSES

CITF / GEDF NUMBER 16-GEDF-082	NAME OF FIRM	ADDRESS	PHONE NUMBER
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List below ALL MW/DBE/VOSB solicited - whether or not commitment was obtained - Copy this form as necessary

MBE_ WBE_ DBE_ VOSB_	CERTIFIED BY:	COMPANY NAME	ADDRESS	CONTACT PERSON / PHONE #	TYPES OF SUBCONTRACT WORK OR MATERIALS	DATE SOLICITED		COMMITMENT MADE		GIVE REASON(S) IF NO COMMITMENT MADE							
						YES	NO	YES(IF YES GIVE DATE)	NO								
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Prepared by: _____ Signature: _____ Title: _____ Date: _____

Procurement Compliance / Bid Package Documents

FRINGE BENEFIT LETTER

INCLUDE IN BID SPECIFICATIONS

Project Name Rachel Carson Homestead Restoration - Re-roof

CITF/ GEDF Project # 16-GEDF-082 Wage Decision PA Prevailing Wages July 2018

Contract Amount \$ _____ IRS ID# _____

Prime/Subcontractor Company Name (Circle One) _____

Address: _____ City _____ State _____

FRINGE BENEFITS:

All Fringe Benefits will be paid as follows:

_____ Fringes will be included in the basic hourly wage rates.

_____ Fringes will be paid into the following Benefit Plans: (List Hourly Fringe Benefit Rate)

Name of Plan: _____

Address: _____

City: _____

Classification: _____

Name of Plan: _____

Address: _____

City: _____

Classification: _____

Name of Plan: _____

Address: _____

City: _____

Classification: _____

Hourly Fringe Benefit Rate _____

Hourly Fringe Benefit Rate _____

Prime/ Subcontractor's Signature _____

Printed Name: _____ Date: _____