

6.4 M/WBE Subcontracting Draft Plan

City of Syracuse M/WBE Participation Plan

Project Address: _____ Agency: _____

Total Contract Amount: _____ MBE Goal: _____ WBE Goal: _____

Prime Contractor Information

Name of Prime Contractor: _____

Address: _____ Email: _____

Business Phone: _____ Cell Phone: _____ Other: _____

List below the names of all proposed Minority/Women Business Enterprises that are Certified by the City of Syracuse and the amount of money they will receive.

Name: _____ Amount: _____

Phone: _____ Email: _____ MBE WBE

Name: _____ Amount: _____

Phone: _____ Email: _____ MBE WBE

***Note: This Plan must be approved by the City of Syracuse prior to execution of the contract.**

Print Name: _____ Title: _____

Signature(s): _____ Date: _____

Authorized Signature(s) of General/Prime Contractor or Designee

For Official Use Only

Approved By: _____ Date: _____

***For DECSI Monitoring Purposes Only**

