

## 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**

