

City of Virginia Beach - Purchasing Department Small Business Subcontracting Participation Plan

Form CVAB - E2

Total Bid Amount

Project Name:				
Bid Number:				 Total Subcontracting Amount
D. .				
Prime Contractor:				 Total SWaM-certified
Address:				 Subcontracting Amount
				*Percent total
Contact Telephone:				Subcontracting
Contact Email:				 *must be equal to or greater than 50%
Intent to utilize subcontractors	YES	NO	(indicate selection by circling correct option)	of total subcontracting amount

Participation Plan and/or Good Faith Efforts MUST be submitted with the bid Include <u>all</u> subcontractors, regardless of whether they are SWaM certified

Vendor Name	SWaM Certified (Y/N)	Certification Number	SWaM Status (M, S, or W)	Race/ Ethnicity (if MBE)	Scope of Work to be Performed	Estimated Subcontract Dollar Amount	Verified
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			MBE Coordinator FOR OFFICE US

IMPORTANT: THIS PARTICIPATION PLAN MUST BE COMPLETED AND SUBMITTED WITH YOUR SEALED BID, NO EXCEPTIONS

By signing below, you attest that the above information is true and accurate to the best of your knowledge. In addition, you certify your intent to fully engage each SWaM-certified firm listed.

Authorized Representative (Prime)	Print Name	Title	Representative (Prime)	Signature
		Authorized	Date	