



MBE/WBE GOAL COMPLIANCE PLAN

MSD Project Name: _____ Date: _____

Instructions: Detailed completion and submission of this cover page, by the Prime Bidder. Inclusion with sealed bid, at bid time is **mandatory**. For a complete list of MSD-recognized MBE and WBE businesses, please visit the MSD Supplier Diversity website at <https://louisvillemad.org/SupplierDiversity/forms>.

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|--|--|--|-----------------------------|
| Part I | | Prime Bidder/Contractor Information | Prime Bid Amount |
| Business Name: _____ | | Total Base Bid Price: \$ _____ | |
| Full Address: Number, Street, Apt. or Suite No., City, State, ZIP Code _____ | | | |
| Contact Name: _____ | | Phone #: _____ | Email address: _____ |
| Check <u>one</u> of the following <i>if</i> applicable: | | | |
| <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> MBE/WBE | | | |

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|--|--|--|--|
| Part II | | MBE/WBE Subcontractor Information (Cannot be the same company as the Bidder/Contractor) | |
| Required Subcontractor Goals MBE – 18.0% African Americans; and 2.0% Asian Indian Americans; and WBE – 15.0% Caucasian Females. Must utilize three separate MBE/WBE Companies. | | | |
| MBE Total Participation Amount: \$ _____ | | | |
| MBE Subcontractor(s) Names: _____ | | | |
| MBE Total Participation Percentage: | | % | |
| WBE Total Participation Amount: \$ _____ | | | |
| WBE Subcontractor(s) Names: _____ | | | |
| WBE Total Participation Percentage: | | % | |
| Check One: Will MEET MBE and WBE Participation Goal <input type="checkbox"/> | | | |
| Check One: Will NOT MEET MBE and WBE Participation Goal – MBE Goal: <input type="checkbox"/> WBE Goal: <input type="checkbox"/> | | | |

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| Part III | | I certify that the information included in this MBE/WBE Goal Compliance Plan (Compliance Plan) is true and complete to the best of my knowledge and belief. I further understand and agree that this Goal Compliance Plan shall become a part of my Contract with the Louisville and Jefferson County Metropolitan Sewer District (MSD). | |
| _____ | | _____ | |
| Print Name and Title of Authorized Representative | | Date | |
| _____ | | _____ | |
| Signature | | Date | |
| Effective July 1, 2023 | | | |