SBE GOAL COMPLIANCE PLAN

MSD Project Name: _____ **Date Submitted:** _____

Instructions: Detailed completion and submission of this cover page, by the Prime Bidder, shall be submitted no later than twenty-hour **(24) hours** after the sealed bid opening via email to SBEConstruction@louisvillemsd.org. **NOTE: The SBE Construction Subcontracting Participation Goal is 35%** For a complete list of MSD-recognized SBE businesses, please visit the MSD Certified Vendor Directory at https://louisvillemsd.org/EconomicInclusion/forms.

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 one or all of the following as applicable: (optional)

☐ **SBE** ☐ **SBE / MBE** ☐ **SBE / VETERAN** ☐ **SBE / WBE** ☐ **SBE / 8(a)** ☐ **SBE / DBE**

Part II **SBE Subcontractor Information** (SBE cannot be the same company as the Prime Bidder/Contractor)

SBE Subcontractor(s) Names:	**SBE Total Participation Amount: $**	**SBE Total Participation Percentage: %**
1.		
2.		
3.		**%**
4.		
5.		

Check One: ◯ Will **MEET the** 35.0% **SBE Construction Subcontracting Participation Goal**

Check One: ◯ Will **NOT MEET** the 35.0% **SBE Construction Subcontracting Participation Goal**

Part III I certify that the information included in this SBE Goal Compliance Plan is true and complete to the best of my knowledge and belief. I further understand and agree that this SBE Goal Compliance Plan shall become a part of my Contract with the Louisville and Jefferson County Metropolitan Sewer District (MSD).

_____
Printed Name and Title of Authorized Representative Date

_____
Signature Date