



MBE/WBE GOAL COMPLIANCE PLAN

MSD Project Name: _____ Date: _____

NOTE: 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, visit the MSD Supplier Diversity website at <https://louisvillemsd.org/SupplierDiversity/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 <u>one</u> of the following <i>if applicable</i> : (Note: For recruitment purposes, <u>ONLY</u>)			
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> MBE/WBE			

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

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