**Subcontractor Participation Plan**

***ATTENTION:***

***You MUST list ALL anticipated subcontractors, regardless of their dollar amount or percent proposed, and regardless of whether they are certified or not.***

***You MUST fill out ALL applicable fields completely for the Prime and all subcontractors.*** ***Failure to provide complete and legible information on this form may result in your firm not receiving full certification credit.***

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract No:\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Bidder/Proposer Company Information** | **Bid/Proposal Amount** | **Description of Project Services** |
| Name: | Ethnicity: |  |  |
| Address: | Gender: |  |
| City/State/Zip: | Federal Tax ID #: |  |
| Contact Name: | Email: |  |
| Telephone No: |  |  |
| Certification Type: ACDBE DBE DVBE MBE LBE LSBE SBE WBE |  |
| Certifying Agency: CITY OF L.A. CALIF DGS CALTRANS METRO SBADVA USWCC NWBOC WBEC-WEST OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NAICS: |
| **Subcontractor Company Information** | **$ Proposed** | **% Proposed** | **Description of Project Services** |
| Name: | Ethnicity: |  |  |  |
| Address: | Gender: |  |
| City/State/Zip: | Federal Tax ID #: |  |
| Contact Name: | Email: |  |
| Telephone No: |  |  |
| Certification Type: ACDBE DBE DVBE MBE LBE LSBE SBE WBE  |  |
| Certifying Agency: CITY OF L.A. CALIF DGS CALTRANS METRO SBADVA USWCC NWBOC WBEC-WEST OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NAICS: |
| Name: | Ethnicity: |  |  |  |
| Address: | Gender: |  |
| City/State/Zip: | Federal Tax ID #: |  |
| Contact Name: | Email: |  |
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| Certification Type: ACDBE DBE DVBE MBE LBE LSBE SBE WBE |  |
| Certifying Agency: CITY OF L.A. CALIF DGS CALTRANS METRO SBADVA USWCC NWBOC WBEC-WEST OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NAICS: |

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| **Subcontractor Company Information** | **Profile Information** | **$ Proposed** | **% Proposed** | **Description of Project Services** |
| Name: | Ethnicity: |  |  |  |
| Address: | Gender: |  |
| City/State/Zip: | Email: |  |
| Contact Name: | Federal Tax ID #: |  |
| Telephone No: |  |  |
| Certification Type: ACDBE DBE DVBE MBE LBE LSBE SBE WBE |  |
| Certifying Agency: CITY OF L.A. CALIF DGS CALTRANS METRO SBADVA USWCC NWBOC WBEC-WEST OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NAICS: |
| Name: | Ethnicity: |  |  |  |
| Address: | Gender: |  |
| City/State/Zip: | Email: |  |
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| Name: | Ethnicity: |  |  |  |
| Address: | Gender: |  |
| City/State/Zip: | Email: |  |
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| **Subcontractor Company Information** | **Profile Information** | **$ Proposed** | **% Proposed** | **Description of Project Services** |
| Name: | Ethnicity: |  |  |  |
| Address: | Gender: |  |
| City/State/Zip: | Email: |  |
| Contact Name: | Federal Tax ID #: |  |
| Telephone No: |  |  |
| Certification Type: ACDBE DBE DVBE MBE LBE LSBE SBE WBE |  |
| Certifying Agency: CITY OF L.A. CALIF DGS CALTRANS METRO SBADVA USWCC NWBOC WBEC-WEST OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NAICS: |

*I certify under the penalty of perjury that the information contained on this form is true and correct and that the firms listed are the subcontractors anticipated to be utilized if this*

*project is awarded to the above prime contractor. I agree to comply with any applicable provisions for additions and substitutions, and I further understand and agree that any and*

*all changes or substitutions must be authorized by the LAWA Procurement Services Division prior to their implementation. An amended Subcontractor Participation Plan is required*

*for any substitution or change to Subcontractors listed on the originally submitted Plan.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participation Level(s) Proposed by Bidder/Proposer:** | \_\_\_\_\_\_%\_\_\_\_\_\_%\_\_\_\_\_\_%\_\_\_\_\_\_%\_\_\_\_\_\_%\_\_\_\_\_\_%\_\_\_\_\_\_% | [ ]  ACDBE |  |  |
| [ ]  DBE |
| [ ]  DVBE |
| [ ]  LBE |
| [ ]  LSBE |
| [ ]  MBE/WBE |
| [ ]  SBE |
|  |  | Signature | Date |
| **Goal(s) Stated in the Request for Bid/Proposal:** | \_\_\_\_\_\_%\_\_\_\_\_\_%\_\_\_\_\_\_%\_\_\_\_\_\_%\_\_\_\_\_\_%\_\_\_\_\_\_%\_\_\_\_\_\_% | [ ]  ACDBE |  |
| [ ]  DBE |
| [ ]  DVBE |
| [ ]  LBE |
| [ ]  LSBE |
| [ ]  MBE/WBE |
| [ ]  SBE | Print Name | Title | Phone |

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