MWBE GOALS: MBE 15%, WBE 15%

CITY OF ROCHESTER
MWBE FORM A
MWBE UTILIZATION PLAN – PROFESSIONAL CONSULTANT SERVICES

Project Name_____ **Agreement #** _____

Consultant_____ **Total Contract Amount* $**_____**Original Plan** ☐ **Revised Plan** ☐

MWBE Business Name	MBE	WBE	Scope of Work to be Performed	Projected Start Date	Projected End Date	Total Amount of MWBE Subcontract	Percentage of Total Contract*
					TOTAL:		

*Total Contract equals contract award plus all change orders

Authorized Person _____**Title** _____**Phone** _____

Signature _____ **Date**_____ **Email**_____

Approved by MWBE Officer_____ **Date**_____