

Document 00570

CONTRACTORS REVISED MWSBE PARTICIPATION PLAN

As soon as the Contractor becomes aware that the Contractor may not abide by the most current approved Plan, the Contractor shall submit this completed form with a Record of Post-Bid Good Faith Efforts (Document 00571), a Request for Plan Deviation (Document 00572), and any other document evidencing "Good Faith Efforts," as required by the Good Faith Efforts Policy (Document 00808). The City will review this Revised Participation Plan and may approve this Revised Plan if the Contractor has made Good Faith Efforts. For more information, visit <http://www.houstontx.gov/obo>.

Original Participation Plan Percentage		MBE	WBE	SBE	Revised Participation Plan Percentage		MBE	WBE	SBE
NAICS Code (6 digit)	Description of Work (Plan Sheet #, Unit Price #, Scope of Work #, as applicable)	% of Total Bid Price (2 decimal places; for example: 5.00%)			Cert. Type for Goal: MBE, WBE, or SBE	Certified Firm Name Firm Address Contact Name Phone No. and E-Mail (if available)			
					MBE <input type="checkbox"/> WBE <input type="checkbox"/>	USE THIS LINE FOR PRIME LEVEL CREDIT ONLY. CREDIT MUST NOT EXCEED 50% OF THE ADVERTISED GOAL			
					MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/>				
					MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/>				
					MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/>				
					MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/>				
					MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/>				

Authorized Signature: _____ Date: _____
Print Name: _____ Company Name: _____
Email: _____ Phone: _____

*I understand that supplying inaccurate information may violate Texas Penal Code Section 37.10 and lead to City sanctions.

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**CONTRACTORS REVISED MWSBE PARTICIPATION PLAN
CONTINUATION PAGE**

NAICS Code (6 digit)	Plan Item Number (if applicable) / Description of Work	% of Total Bid Price (2 decimal places; for example: 5.00%)	Cert. Type for Goal: MBE, WBE, or SBE	Certified Firm Name Firm Address Contact Name Phone No. and E-Mail (if available)
			MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/>	
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			MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/>	
			MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/>	
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