

SUBCONTRACTING PLAN

In order for your proposal to be considered, you, as Bidder, must complete all blanks in this Subcontracting Plan and sign with a handwritten signature where indicated below.

Failure to fill in the blanks on this Subcontracting Plan and/or to include a handwritten signature will be cause for rejection of your bid.

It is MAWSS's goal that in all contracts, contractors shall make a demonstrated good faith effort to award 15% of the contract amount to certified Diverse Business Entities / Diverse Suppliers as subcontractors and/or suppliers performing commercially useful functions which are consistent with contract requirements.

Copies of MAWSS SDP Policy 16-01 [for public works projects], SDP Policy 17-01 [for contracts for other goods and services], MAWSS's list of certified Diverse Businesses/ Diverse Suppliers, and lists of organizations that have information on Diverse Vendors & Suppliers are available from MAWSS's Supplier Diversity Office (251-694-3194) or from the MAWSS website, www.mawss.com.

PLEASE STATE WHAT PERCENTAGE OF THE WORK FOR THIS CONTRACT YOU PLAN TO AWARD TO A DIVERSE SUPPLIER SUBCONTRACTOR AND/OR VENDOR:	(Total %) _____
ESTIMATED TOTAL DOLLAR AMOUNT TO BE AWARDED TO DIVERSE SUPPLIER/VENDOR:	(Total \$) _____
AMOUNT BID FOR THIS CONTRACT:	(Total \$) _____

If the above percentage is zero or is less than 15%, be sure to include your Affidavit of Contractor's Good Faith Efforts to Meet Subcontractor / Vendor Diversity Goals and all supporting documentation in your bid package.

Please list below all subcontractors and suppliers which you plan to use for this contract. Also indicate which of these are a Diverse Supplier or Vendor by writing "yes" or "no" where indicated. Also list for each the percentage of the total contract amount to be performed by each and the certification group they are certified with. Attach additional sheets if needed. [If you are not using any subcontractors or vendors, you will need to write "zero" below and sign the form.]

SUBCONTRACTOR/ VENDOR NAME	DBE / Diverse Supplier? Yes or No	% OF CONTRACT AMT.	CERTIFICATION GROUP (MAWSS, ALDOT, ADECA, SRMSDC, BCIA)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CAUTION: ACCURATELY COMPLETE ALL PARTS OF THIS FORM AND SIGN BELOW:

WE WILL EXERCISE GOOD FAITH TO COMPLY WITH THIS PLAN AND MAWSS'S DBE REQUIREMENTS.

BIDDER

By: _____