

APPENDIX A

BID SCHEDULES

SCHEDULE 1

LIST OF PROPOSED SBE-M/WBE PRIME/SUBCONTRACTORS

PROJECT NAME: _____ PROJECT NO. _____

NAME OF PRIME BIDDER: _____ ADDRESS _____

CONTACT PERSON: _____ PHONE NO: _____ FAX NO: _____

BID OPENING DATE: _____ DEPARTMENT: _____

PLEASE IDENTIFY ALL APPLICABLE CATEGORIES

Name, Address and Phone Number Specify)	(Check one or both Categories)		Dollar Amount				
	Minority Business	Small Business	Black	Hispanic	Women	Caucasian	Other (Please
1.	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3.	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4.	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
(Please use additional sheets if necessary)	Total		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Total Bid Price \$ _____ Total Value of SBE Participation \$ _____

- NOTE:**
- The amount listed on this form for a Subcontractor must be supported by prices or percentage included on Schedule 2 or a proposal from each Subcontractor listed in order to be counted toward goal attainment.
 - Firms may be certified by Palm Beach County as an SBE and/or an M/WBE. If firms are certified as both an SBE and M/WBE, please indicate the dollar amount under the appropriate category.
 - M/WBE information is being collected for tracking purposes only.

SCHEDULE 2

LETTER OF INTENT TO PERFORM AS AN SBE OR M/WBE SUBCONTRACTOR

PROJECT NO. _____ PROJECT NAME: _____

TO: _____
(Name of Prime Bidder)

The undersigned is certified by Palm Beach County as a(n) - (check one or more, as applicable):

Small Business Enterprise _____ Minority Business Enterprise _____

Black _____ Hispanic _____ Women _____ Caucasian _____ Other (Please Specify) _____

Date of Palm Beach County Certification: _____

The undersigned is prepared to perform the following described work in connection with the above project
(Specify in detail, particular work items or parts thereof to be performed):

Line Item/Lot No.	Item Description	Qty/Units	Unit Price	Total Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

at the following price \$ _____
(Subcontractor's quote)

and will enter into a formal agreement for work with you conditioned upon your execution of a contract with Palm Beach County.

If undersigned intends to sub-subcontract any portion of this subcontract to a non-certified SBE subcontractor, the amount of any such subcontract must be stated: \$ _____.

The undersigned subcontractor understands that the provision of this form to prime bidder does not prevent subcontractor from providing quotations to other bidders

(Print name of SBE-M/WBE Subcontractor)

By: _____
(Signature)

(Print name/title of person executing on behalf of SBE-M/WBE Subcontractor)

Date: _____

**SCHEDULE 4
SBE-M/WBE ACTIVITY FORM**

SBE-M/WBE ACTIVITY FOR MONTH ENDING _____ PROJECT # _____

PROJECT NAME _____

PRIME CONTRACTOR NAME _____

PROJECT SUPERVISOR _____

SBE-M/WBE SUBCONTRACTING INFORMATION					SBE-M/WBE Category (check all applicable)						
Name of SBE-M/WBE Subcontractor	SBE-M/WBE Subcontract Amount	Amount drawn for SBE-M/WBE Subcontractor	Amount Paid to Date	Actual Starting Date	Minority Business (√)	Small Business (√)	Black	Hispanic	Caucasian	Women	Other (Please Specify)

I hereby certify that the above information is true to the best of my knowledge _____
(Signature and Title)

Return to:

Additional Sheets May Be Used As Necessary

Office of Small Business Assistance
50 S. Military Trail, Suite 209
West Palm Beach, FL 33415

NOTE: Firms may be certified as an SBE and/or an M/WBE. If firms are certified as both an SBE and M/WBE, please indicate the dollar amount in each section. The dollar amount will not be counted twice.

**SCHEDULE 5
SBE-M/WBE PAYMENT CERTIFICATION**

This is to certify that _____ received
SBE or M/WBE Subcontractor

(Monthly) or (Final) payment of \$ _____ on _____

from _____ for labor and/or materials used on PROJECT NO. _____
(Prime Contractor)

PROJECT NAME _____ - _____

PRIME CONTRACTOR: _____

SBE OR M/WBE SUBCONTRACTOR: _____
(Company Name)

BY: _____
(Signature of Prime Contractor)

BY: _____
(Signature of Subcontractor)

(Print Name & Title of Person Executing on behalf
of Contractor)

(Print Name & Title of Person Executing on behalf of
Subcontractor)

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____
by _____

Notary Public, State of Florida

Print, Type or Stamp Commissioned Name of Notary

Personally Known _____ OR
Produced Identification _____ Type of Identification Produced _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____
by _____

Notary Public, State of Florida

Print, Type or Stamp Commissioned Name of Notary

Personally Known _____ OR
Produced Identification _____ Type of Identification Produced _____

DUE: To be submitted with Pay Request, immediately following any payment to the SBE-M/WBE from the Prime Contractor.

PROFESSIONAL SERVICE ACTIVITY REPORT

APPLICATION #: _____

REPORTING PERIOD: _____ Prime Consultant: _____

Address : _____

City/State: _____ Zip _____

Contact Person: _____ Phone # _____

Contract Name: _____

Contract Term: _____

Contract \$ Amount _____

Total Percentage performed by the Prime's Firm: _____ SBE-M/WBE Firm: _____

Total # of Sub-Consultants: _____ SBE-M/WBE Subs _____

Service Type: _____ Architectural _____ Engineering _____ Planning _____ Other (Specify) _____

Have Sub-Consultants completed work for this application? _____ Yes _____ No

Note: If Yes, complete below:

SUB-CONSULTANTS

1. Firms Name: _____
Address/Tel: _____
Estimated Start Time: _____ Contract Amount: _____
SCOPE OF WORK: _____
Percentage/Hrs Completed: _____ Amount Paid To Date _____

2. Firm's Name: _____
Address//Tel: _____
Estimated Start Time: _____ Contract Amount: _____
SCOPE OF WORK : _____
Percentage/Hrs Completed: _____ Amount Paid To Date _____

3. Firm's Name: _____
Address/Tel: _____
Estimated Start Time: _____ Contract Amount _____
SCOPE OF WORK: _____
Percentage/Hrs Completed: _____ Amount Paid To Date _____

I certify that the above is true to the best of my knowledge

Signature/Title