



**STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION
ONE CAPITOL HILL
PROVIDENCE, RHODE ISLAND 02908**

MBE, WBE, and/or DISABILITY BUSINESS ENTERPRISE PARTICIPATION PLAN		
Vendor's Name:		
Vendor's Address:		
Point of Contact:		
Telephone:		
Email:		
Solicitation No.:		
Project Name:		
<p>This form is intended to capture commitments between the prime contractor/vendor and MBE/WBE and/or Disability Business Enterprise subcontractors and suppliers, including a description of the work to be performed and the percentage of the work as submitted to the prime contractor/vendor. Please note that all MBE/WBE subcontractors/suppliers must be certified by the Division of Equity, Diversity & Inclusion MBE Compliance Office and all Disability Business Enterprises must be certified by the Governor's Commission on Disabilities at time of bid, and that MBE/WBE and Disability Business Enterprise subcontractors must self-perform 100% of the work or subcontract to another RI certified MBE in order to receive participation credit. Vendors may count 60% of expenditures for materials and supplies obtained from an MBE certified as a regular dealer/supplier, and 100% of such expenditures obtained from an MBE certified as a manufacturer. This form must be completed in its entirety and submitted at time of bid. Please complete <u>separate forms</u> for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.</p>		
Name of Subcontractor/Supplier:		
<p><u>This field must be completed.</u></p> <p>Type of RI Certification:</p>	<div style="display: flex; flex-direction: column; gap: 10px;"> <div><input type="checkbox"/> Minority Business Enterprise (MBE)</div> <div><input type="checkbox"/> Women Business Enterprise (WBE)</div> <div><input type="checkbox"/> Disability Business Enterprise</div> <div><input type="checkbox"/> None of the above</div> </div>	
Address:		
Point of Contact:		
Telephone:		
Email:		
Detailed description of work to be performed by Subcontractor or materials to be supplied by Supplier:		
<p><u>This row must be completed.</u> Vendors who do not supply this information at time of bid submission will receive 0% MBE participation credit.</p>	Total Contract Value (\$):	Subcontract Value (\$):
Anticipated Date of Performance:		
I certify under penalty of perjury that the foregoing statements are true and correct.		
Prime Contractor/Vendor Signature		Title
Subcontractor/Supplier Signature		Title