

**PROPOSED SCHEDULE OF MBE PARTICIPATION
(ON ALTERNATE NO. _____)**

Name of Contractor/Consultant:					
Project Title:			Project No.:		
Date:			Alternate Bid Amount:		
MBE Code	MBE Firm Name	Phone #	Scope of Work to be Subcontracted (indicate if the Contract will include Labor and Material)	Dollar Value	If Certified with a Reciprocal Agency (Name Agency)

MBE Code	Code Description	Total Dollar Value (\$)	Percentage of Alternate Bid (%)
AA	African American Participation	_____	_____
HANA	Hispanic, Asian, Native American Participation	_____	_____
WBE	Women Owned Participation	_____	_____
TOTAL	Minority Participation	_____	_____

The undersigned will enter into a formal Agreement with the MBE firms (Subcontractors/Proposers) identified herein for work listed in this schedule conditioned upon execution of a contract with the Duval County School Board.

Signature: _____ Title: _____

Under penalties of perjury, I declare that I have read for foregoing conditions and instructions and the facts as revealed to the DCSB herein, are true to the best of my knowledge and beliefs.

Signature: _____ Title: _____

Date: _____