



MWBE Project Information Worksheet

To: Office of Contract & Business Opportunity

Date

From: (Project Manager)

Phone Number

☐ Infrastructure Division

☐ Public Buildings

☐ Safety and Site Support

MWBE Participation Goals

CAPIS I.D.

PIN

Project Description

Cost Estimate

Contract Type

☐ Regular Construction

☐ Construction Requirement

☐ Construction Services

☐ Regular Professional

☐ Professional Requirement

☐ PLA

☐ WICKS

☐ Single Trade

Identify the Major Trade

☐ Federally Funded

☐ City Funded

☐ Emergency

The following is being submitted for the above project:

Scope of Work

Anticipated Sub-Contracting/Sub-Consulting Opportunities (Please specify)

Type of Work

Approximate Dollar Value

A.

\$

B.

\$

C.

\$

D.

\$

E.

\$

Total Anticipated Sub-Contracting (Use additional sheets if necessary)

\$

Anticipated Bid/RFP Dates:

Advertising

Opening

Deadline for Program Unit Response

Other Misc.

Special Experience Requirements, Critical Issues, Emergency etc.

Project Package Checklist Items checked (N) will require submission by project manager in order for review to be completed

Attached is a copy of cost estimate

For Competitive Sealed Bids

☐ YES

☐ NO

Engineer Estimate

☐ YES

☐ NO

Copy of Special Experience Req.

For Competitive Sealed Proposals

☐ YES

☐ NO

Project Est./Constr. & Design Budget

☐ YES

☐ NO

Copy of Consultant List for Project

For OCO Use Only Subcontractor Participation Goals

Group	Construction	Professional Services
Black American	%	%
Hispanic American	%	%
Asian American	%	NO GOAL %
Caucasian Female	%	%
Total Participation Goals	%	%

Project Manager

Print Name

Signature

Date

Program Director

Print Name

Signature

Date

MWBE Liaison

Print Name

Signature

Date

Approved By

Print Name

Signature

Date