

**CITY OF MILWAUKEE - DEPARTMENT OF ADMINISTRATION  
BUSINESS OPERATIONS DIVISION  
EBE PARTICIPATION FOR SUBCONTRACTORS AND/OR MATERIAL SUPPLIERS**

PRIME CONTRACTOR'S NAME: \_\_\_\_\_ BID OR RFP NUMBER: \_\_\_\_\_

START DATE: \_\_\_\_\_ TOTAL BID AMOUNT: \_\_\_\_\_ TOTAL EBE AMOUNT: \_\_\_\_\_

Please list below **all** proposed subcontractor(s) and/or material supplier(s) for this project.

EBE FIRM(S) NAME ADDRESS/CONTACT PERSON AND PHONE NUMBER	% OF BID	SUB-CONTRACTOR/OR SUPPLIER	DESCRIBE WORK TO BE PERFORMED/OR MATERIAL SUPPLIED	AMOUNT	AUTHORIZED EBE(S) OWNER/REPRESENTATIVE SIGNATURE OF ACKNOWLEDGMENT
1.					
2.					
3.					
4.					

Authorized Signature: \_\_\_\_\_ Print Name & Title: \_\_\_\_\_

**RETURN THIS FORM WITH THE INVITATION-TO-BID AND/OR REQUEST FOR PROPOSAL.**

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
PURCHASING AGENT (DOA) Business Operations Division

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
BUSINESS ANALYST SENIOR (DOA) EBE Program