**SCOPE VERIFICATION FORM**

***This form must be submitted with the Utilization Plan for each MWBE subcontractor listed on the Utilization Plan. Failure to submit will delay acceptance of the Utilization Plan and award of the Contract.***

|  |  |
| --- | --- |
| **A. PROJECT INFORMATION** | |
| Facility: | Project No: |
| Contract/Bid No: | Work Authorization (if applicable): |

|  |  |
| --- | --- |
| 1. **PRIME CONTRACTOR** | 1. **M/WBE SUBCONTRACTOR MBE WBE** |
| COMPANY: | COMPANY: |
| CONTACT: | CONTACT: |
| TELEPHONE: | TELEPHONE: |
| E-MAIL: | E-MAIL: |

|  |
| --- |
| 1. **SUBCONTRACTOR SCOPE OF SERVICES** |

***In the box below, provide a detailed scope of services to be performed by the proposed M/WBE Subcontractor listed above.***

|  |  |  |
| --- | --- | --- |
| **CSI Number**  **(Must be 6 Digits)** | **DESCRIPTION OF WORK** | **PRICE** |
|  |  |  |

**The official schedule of values for the above scope of services must be submitted along with the applicable subcontract agreement within 30 days of the Utilization Plan approval.**

**M/WBE SUBCONTRACTOR CONTRACTOR**

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Print Name of Principal or Officer Print Title of Principal or Officer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal or Officer Signature of Principal or Officer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date