

M/WBE CONTRACTOR UNAVAILABLE CERTIFICATION

RFP#/PROJECT NAME

I, _____ (Authorized Representative) _____ (Title) _____ (Bidder/Applicant's Company)

(Address) _____ (Phone)

I certify that the following New York State Certified Minority/Women Business Enterprises were contacted to obtain a quote for work to be performed on the abovementioned project/contract.

List of date, name of M/WBE firm, telephone/e-mail address of M/WBEs contacted, type of work requested, estimated budgeted amount for each quote requested.

| | <u>DATE</u> | <u>M/WBE NAME</u> | <u>PHONE/EMAIL</u> | <u>TYPE OF WORK</u> | <u>ESTIMATED BUDGET</u> | <u>REASON</u> |
|----|-------------|-------------------|--------------------|---------------------|-----------------------------|---------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |

To the best of my knowledge and belief, said New York State Certified Minority/Women Business Enterprise contractor(s) was/were not selected, unavailable for work on this project, or unable to provide a quote for the following reasons: Please check appropriate reasons given by each MBE/WBE firm contacted above.)

- A. Did not have the capability to perform the work
- B. Contract too small
- C. Remote location
- D. Received solicitation notices too late
- E. Did not want to work with this contractor
- F. Other (give reason)

Authorized Representative Signature

Date

Print Name