NOTE: Failure to submit the required forms will result in your bid proposal being deemed non-responsive.



## **MARYLAND JUDICIARY**

## SCHEDULE FOR PARTICIPATION OF MINORTY BUSINESS ENTERPRISES

. PRIME CONTRACTOR - NAME OF FIRM - ADDRESS (Numb	er, Street, City, S	State, Zip) TELEPHON	IE: Area Code (	)	
2. PROJECT LOCATION (NUMBER, STREET, CITY, STATE, ZIF	P)				
B. PROJECT NUMBER:					
LIST THE DATA REQUESTED FOR EACH MINORITY FIRM I	NVOLVED IN TH	S PROJECT:			
a. MINORITY FIRM: (Name of Firm)	(Number)	(Street)	(City)	(State)	(Zip)
Certification No.		Telephone No.			
Work or Service to be performed:					
Project Commitment Date:		Project Completion Date:			
Percentage of Total Contract: %					
b. MINORITY FIRM:(Name of Firm)	(Number)	(Street)	(City)	(State)	(Zip)
Certification No.		Telephone No.			
Work or Service to be performed:		· <b></b> _			
Project Commitment Date:		Project Completion Date:			
Percentage of Total Contract: %					
c. MINORITY FIRM:  (Name of Firm)	(Number)	(Street)	(City)	(Stato)	( <b>7</b> in)
Certification No.	(Number)	Telephone No.	<u>(City)</u>	(State)	<u>(Zip)</u>
Work or Service to be performed:		. — — — — — — -			
Project Commitment Date:		Project Completion Date:			
Percentage of Total Contract: %					
d. MINORITY FIRM:					
(Name of Firm)	( <u>Number)</u>	(Street)	( <u>City)</u>	(State)	(Zip)_
Certification No.		Telephone No.			
Work or Service to be performed:					- – –
Project Commitment Date:		Project Completion Date:			
Percentage of Total Contract: %					
5. MINORITY FIRMS TOTAL PERCENTAGE %					
5. REMARKS: (Use Plain Bond for Additional Comments):					
HIS FORM PREPARED BY:(First)	(Middle	Initial) (L	ast)	(Title)	
DO NOT WRITE BE	LOW THIS	LINE - <b>JUDICIARY US</b>	ONLY		
APPROVED YES NO					
DATE		SIGNATURE - AD	MINISTRATION - ENTERPRISE OF		NESS

NOTE: If the Minority Contractor Project Disclosure and Participation Statement is submitted after Bid opening, a copy of the conditional contract with each Minority Business Enterprise must be submitted with statement and schedule for participation.

FORM MJ-EEO-003 03/2010

## **ADMINISTRATION COPY**

NOTE: The required MBE forms must be submitted with your technical proposals/bid.

NOTE: Failure to submit the required forms will result in your bid proposal being deemed non-responsive.



MINORITY CONTRACTOR PROJECT DIS 1. PRIME CONTRACTOR - NAME OF FIRM - COMPLETE ADDRESS	DISCLOSURE AND PARTICIPATION STATEMENT  2. PROJECT NUMBER:					
	3. PROJECT LOCATION (NUMBER, STREET, CITY, STATE, ZIP)					
TELEPHONE:	4. PROJECT COMMITMENT DATE:					
5. SUBCONTRACTOR ENTERPRISE (CHECK ONE)  Undividual Partnership Corporation Ujoint Ver 6. THE UNDERSIGNED SUBCONTRACTOR IS PREPARED TO PERFORM TI This work/service will not be subcontracted to any non-minority firm:		VICE HEREIN DESCRIB	ED IN CONNECTION	N WITH THE PROJECT		
WORK OR SERVICE			Commitment	Date Completion Date		
7. SUBCONTRACTORS SUPERVISION STAFF TO INCLUDE FOREMAN (NAM	IE, ADDRESS, T	ITLE)				
8. BONDS - AMOUNT AND TYPE REQUIRED BY PRIME CONTRACTOR	9. BONDING COMPANY - NAME AND ADDRESS					
10. ARE BONDS GUARANTEED BY THIRD PARTY	IF YES - I	NAME AND ADDRESS				
11. PERCENTAGE OF WORK PERFORMED BY OTHER THAN OWN WORK SOURCE (Include Name of Company and Address): (Use back if necessary)	_ %					
12. STATE THE TERMS OF ANY ORAL OR WRITTEN AGREEMENT(S) OR UN ASSISTANCE, FINANCIAL OR OTHERWISE, TO BE PROVIDED BY SAID PER		• •	TY PERSONS OR FIF	RMS RELATING TO		
THE UNDERSIGNED SUBCONTRACTORS WILL ENTER INTO A WRITTEN C		H:ERVICE INDICATED AB	OVE UPON THE PRI	ME CONTRACTOR'S		
EXECUTION OF A CONTRACT WITH THE MARYLAND JUDICIARY. THE UNDI	ERSIGNED SUB	CONTRACTOR IS CERT				
AS A MINORITY BUSINES: *NOTE TO PRIME CONTRACTOR. A FAILURE TO ACHIEVE THE ESTABLISH JUDICIARY CONTRACTS.		, ,	RE PARTICIPATION (	ON MARYLAND		
CERTIFICATION NO.	SIGNATURE	SIGNATURE SUBCONTRACTOR TELEPHONE N		TELEPHONE NO.		
	PRINT/TYPE NAME OF FIRM					
	NUMBER STREET					
	CITY	STATE	ZIP	DATE		
I AGREE TO THE TERMS AND CONDITIONS STATED ABOVE						
	SIGNATUR	SIGNATURE PRIME CONTRACTOR TELEPHONE NO.				
	PRINT/TYPE NAME OF FIRM					
	NUMBER	ST	REET			
	CITY	STATE	ZIP	DATE		

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