

APPENDIX E

CITY OF PITTSBURGH MBE / WBE / VETERAN OWNED SOLICITATION AND COMMITMENT FORM		
SPECIFICATION NO.	DATE:	IS YOUR OWN BUSINESS ANY OF THE FOLLOWING?
COMPANY NAME:		<input type="checkbox"/> MINORITY OWNED
ADDRESS:		<input type="checkbox"/> WOMAN OWNED
CITY, STATE AND ZIP CODE:		<input type="checkbox"/> VETERAN OWNED
FAX NUMBER AND E-MAIL ADDRESS:		(CHECK ALL THAT APPLY)
FOR ASSISTANCE REGARDING MBE / WBE BUSINESSES, CALL THE EQUAL OPPORTUNITY REVIEW COMMISSION AT 412-255-8804. FOR ASSISTANCE REGARDING VETERAN OWNED BUSINESSES, CALL THE BUREAU OF PROCUREMENT, FLEET AND ASSET SERVICES AT 412-255-2485		FAILURE TO COMPLETE FORM MAY BE SUFFICIENT CAUSE FOR BID REJECTION

PLEASE LIST ALL MBE / WBE VETERAN OWNED BUSINESSES SOLICITED FOR PARTICIPATION

SOLICITATED COMPANY'S NAME AND ADDRESS	PHONE	FAX NO	E-MAIL	MBE OR WBE OR VETERAN (CHECK ALL THAT APPLY)
1.				<input type="checkbox"/> EST \$ _____ <input type="checkbox"/> EST \$ _____
2.				<input type="checkbox"/> EST \$ _____ <input type="checkbox"/> EST \$ _____
3.				<input type="checkbox"/> EST \$ _____ <input type="checkbox"/> EST \$ _____
4.				<input type="checkbox"/> EST \$ _____ <input type="checkbox"/> EST \$ _____

MBE / WBE / VETERAN HISTORY	CONTRACT NO.	DESCRIPTION	MBE USED	WBE USED	VETERAN OWNED USED

CITY OF PITTSBURGH MBE / WBE / VETERAN OWNED SOLICITATION AND COMMITMENT FORM – WAIVER REQUEST

COMPANY NAME:	
ADDRESS:	
CITY AND STATE:	
TELEPHONE, FAX NUMBER, E-MAIL ADDRESS:	

PLEASE EXPLAIN IN DETAIL WHY A WAIVER IS REQUESTED:

CITY OF PITTSBURGH MBE / WBE / VETERAN SOLICITATION AND COMMITMENT FORMS - TRADES				
NAME AND ADDRESS	PHONE	FAX	CIRCLE: MM MF NMF VETERAN	WORK PERFORMED: _____ EST. PAYMENT: _____ PAYMENT % OF CONTRACT: _____ DATE STARTED: _____
NAME AND ADDRESS	PHONE	FAX	CIRCLE: MM MF NMF VETERAN	WORK PERFORMED: _____ EST. PAYMENT: _____ PAYMENT % OF CONTRACT: _____ DATE STARTED: _____
NAME AND ADDRESS	PHONE	FAX	CIRCLE: MM MF NMF VETERAN	WORK PERFORMED: _____ EST. PAYMENT: _____ PAYMENT % OF CONTRACT: _____ DATE STARTED: _____
NAME AND ADDRESS	PHONE	FAX	CIRCLE: MM MF NMF VETERAN	WORK PERFORMED: _____ EST. PAYMENT: _____ PAYMENT % OF CONTRACT: _____ DATE STARTED: _____

I HEREBY ATTEST THAT ALL THE ABOVE FORMS HAVE BEEN FILLED OUT TO THE BEST OF MY KNOWLEDGE AND I ACKNOWLEDGE THAT THE DOCUMENTS SUBMITTED ARE THE MBE / WBE / VETERAN PARTICIPATION PLAN AS REQUIRED BY THE CITY OF PITTSBURGH.
(TYPE NAME AND SS NO.):

SIGNED: _____ DATE: _____