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

SPECIFICATION NO.	DATE:	IS YOUR OWN BUSINESS ANY OF THE FOLLOWING?
COMPANY NAME:		☐ MINORITY OWNED
ADDRESS:		☐ WOMAN OWNED
CITY, STATE AND ZIP CODE:		☐ VETERAN OWNED
FAX NUMBER AND E-MAIL ADDRESS:		(CHECK ALL THAT APPLY)

FOR ASSISTANCE REGARDING MBE / WBE BUSINESSES, CALL THE OFFICE OF BUSINESS AND EMPLOYMENT OPPORTUNITIES 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

SOLICITED COMPANY'S NAME AND ADDRESS	PHONE FAX NO. E-MAIL	MBE OR	WBE	OR VETERAN
1.		☐ EST $ _____	☐ EST % _____	☐ EST % _____
2.		☐ EST $ _____	☐ EST % _____	☐ EST % _____
3.		☐ EST $ _____	☐ EST % _____	☐ EST % _____
4.		☐ EST $ _____	☐ EST % _____	☐ EST % _____

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

CITY OF PITTSBURGH MBE/WBE 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 FORM - 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: _____