Minority/Women Business Department

A-3: EBE Intent to Perform as a Subcontractor



This Portion Should be Completed and Signed by the MBE, WBE, DBE, or 8(a) Certified Subcontractor

This form must be completed, signed and submitted by any Bidder who will use EBE firms in response to this solicitation issued by the Pittsburgh Public Schools (PPS). Complete a separate form for <u>each EBE subcontractor</u>. Failure to do so upon request could be grounds to disqualify your bid.

Name of EBE Firm:	
Title of Bid:Pr	oject Bid Number:
My firm is currently MBE, WBE, DBE, and/or 8(A) certified and is in good standing. ☐ Yes	☐ No ☐ In progress of obtaining certification
Please provide proof of current certification at time of bid submission for firms of SBA 8(a). Certifications from outside the Commonwealth of Penns	
The undersigned is prepared to perform the following scope of work at the following cost: \$_	
Scope of Work and/or Supplies: 1 2	3
Subcontract Amount: 1 2	3
Project Start Date: Project Completion Date:	·
*With respect to the proposed subcontract described above, I declare tha	t my firm will perform% of the
dollar value. Approximately% will be sub-subcontracted and perfo	rmed by non: MBE, WBE, DBE or 8(a) certified
(EBE) contractors. The undersigned has submitted a quote, is aware that the	ey will be used for this project for the amount
listed above, and plans to perform the scope of work identified above if t	his bid is accepted and approved by PPS:
Print Name: Signature:	
Name of Signature of Owner or Authorized Agent of EBE Firm Phone:Phone:	Signature of Owner, President or Authorized Agent of EBE
Email:	
This Portion Should be Completed and Signed by the Authorized Bidder I HEREBY DECLARE AND AFFIRM that I am the	r and a duly authorized agent
	e this declaration and that I have personally reviewed
(Name of Firm Submitting the Bid) the material and facts set forth on this form and no material facts have been omitted. The unc	·
with the EBE listed above for work in this schedule conditioned upon the award of a contract	
may available upon request. The following person will serve as the point of contact for all EBB	E subcontractors associated with this project:
Name of Contact (Please Print):	
Phone:Fax:	
E-mail:	
I verify that the facts contained in connection with our participation and compliance with the Pittsburgh Public Schools' M/WBE Department are	
true and correct to the best of my knowledge, information and belief. I understand that false s	
Pa. C.S.A. §4904, relating to unsworn falsification to authorities as well as other potential san	ctions by the Pittsburgh Public Schools.
Print Name of the Authorized Bid Agent:	
Signature:	Date:
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