BALTIMORE COUNTY, MARYLAND
MBE/WBE PARTICIPATION SCHEDULE
(FORM B-1)

This document must be completed and submitted to Baltimore County for each assigned task.

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH MBE/WBE PARTICIPANT

Prime Contractor's Name	**Prime Contractor's Address and Telephone Number**
Project Name and Description	**Project Location**
	Base Bid $_____
1. MBE/WBE Firm Name	**MBE/WBE Firm Address**
MBE/WBE Firm Telephone Number _____ **MBE/WBE Firm Fax Number** _____ ☐ **MDOT Certification** ☐ **Baltimore City Certification** **#** _____	**MBE/WBE Group Type** ☐ **(African American)** ☐ **(Women)** ☐ **(Asian)** ☐ **(Hispanic)** ☐ **(American Indian)** ☐ **(Other)**
Work to be Performed and Subcontract Dollar Amount	**Percent of Total Contract**
2. MBE/WBE Firm Name	**MBE/WBE Firm Address**
MBE/WBE Firm Telephone Number _____ **MBE/WBE Firm Fax Number** _____ ☐ **MDOT Certification** ☐ **Baltimore City Certification** **#** _____	**MBE/WBE Group Type** ☐ **(African American)** ☐ **(Women)** ☐ **(Asian)** ☐ **(Hispanic)** ☐ **(American Indian)** ☐ **(Other)**
Work to be Performed and Subcontract Dollar Amount	**Percent of Total Contract**
3. MBE/WBE Firm Name	**MBE/WBE Firm Address**
MBE/WBE Firm Telephone Number _____ **MBE/WBE Firm Fax Number** _____ ☐ **MDOT Certification** ☐ **Baltimore City Certification** **#** _____	**MBE/WBE Group Type** ☐ **(African American)** ☐ **(Women)** ☐ **(Asian)** ☐ **(Hispanic)** ☐ **(American Indian)** ☐ **(Other)**
Work to be Performed and Subcontract Dollar Amount	**Percent of Total Contract**
MBE/WBE Total Dollar Amount	**Total MBE/WBE Percent of Entire Contract**
Form Prepared by: **Name** _____ **Title** _____ **Date** _____	**Reviewed and Accepted by Minority Business Enterprise Officer** **Name** _____ **Title** _____ **Date** _____

Total MBE Participation: _____% $ _____
Total WBE Participation: _____% $ _____
Total Participation: _____% $ _____