Dallas County Community College District
M/WBE
UTILIZATION STATEMENT

SECTION B – Schedule of Service/Work

Bid No.:	**Project Title:**
Column 1: List type of work to be performed Column 2: Categorize firms as Prime **(P);** Subcontractor **(S)**; Goods Supplier **(G)** Column 3: Indicated if the subcontractor is 1st or 2nd tier Column 4: Firm information, including if the M/WBE certification is NCTRCA or HUB Column 5: Contact information	Column 6: List owners ethnicity as: AA – Native American; AI – Asian Indian; AP – Asian Pacific American; BL – Black American; HI – Hispanic American; WO – American Women (excludes AA, AI, AS, HI women); gender as: M – Male; F - Female Column 7: If M/WBE certifiable, is the firm certified: Y – Yes; N- No Column 8: Indicate dollar amount quoted for each Column 9: Indicate percentage of the total contract amount

Type of Work **(1)**	**P S G** **(2)**	**1st or 2nd Tier** **(3)**	**Firm Name Address NCTRCA or HUB M/WBE Certificate No.** **(4)**	**Contact name Phone number E-mail address** **(5)**	**Ethnicity/ Gender** **(6)**	**M/WBE Certifiable Y or N** **(7)**	**Quote ($)** **(8)**	**Percent (%)** **(9)**

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	Complete only on final page →	**M/WBE Grand Total**		
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Print Name _____ Date _____

Signature/Title _____ Telephone/E-Mail Address _____

If additional areas are being subcontracted/sub-consulted, please list on a copy of this page