CENTRAL FLORIDA EXPRESSWAY AUTHORITY

**M/WBE Utilization Form**

Prime Contractor:

CFX Project No.:

M/WBE Subcontractor

Name of Company:

Address:

Phone: Contact Person:

(The CFX must be able to reach the M/WBE at the above phone within two working days after the bid opening.)

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| --- | --- |
| ITEM NO. | DESCRIPTION (note if item qualifies for SUPPLIER) |
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Signature/Title of M/WBE Representative Submitting Above Quote

ITEMS BELOW ARE TO BE COMPLETED BY THE PRIME CONTRACTOR

Amount to be paid to M/WBE Manufacturer ($ x 1.00) $

Amount to be paid to M/WBE Supplier ($ x .60) $

Amount to be paid to M/WBE Subcontractor $

Total to M/WBE (toward Participation Objective) $

Signature/Title of Prime Contractor’s Representative

M/WBE Certified by:

COPY OF CURRENT CERTIFICATION MUST BE SUBMITTED

NOTE: Submissions not signed by the M/WBE will be confirmed with the M/WBE in accordance with SS 348.754(2)(h) & 337.125 Florida Statutes. If a false quote is submitted or if the CFX cannot confirm a quote, the CFX may consider it just cause to consider the bid non-responsive and reject the bid.