



**MBE/WBE/DBE/OBE  
SUBCONTRACTOR PARTICIPATION REPORT**

**Prime Contractor** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Contact Name and Phone No. \_\_\_\_\_

**Project Title** \_\_\_\_\_  
 Bid/Proposal Amount \_\_\_\_\_ Bid No. \_\_\_\_\_  
 Profile Information: (Circle One) Group: MBE WBE DBE OBE Gender: Male Female  
 (Circle One) Ethnicity: Asian Black Caucasian Hispanic Native American  
 NAICS Number \_\_\_\_\_ (North American Industry Classification System)

Name, Address, Phone and Contact of proposed MBE/WBE/DBE subcontractor	Profile Information	Description of work to be performed	\$ Amount proposed	Percentage of Total
State License # _____ Email: _____	Group _____ Ethnicity _____ Gender _____ NAICS _____	Certifying Agency:** (Attach proof of certification.)		
State License # _____ Email: _____	Group _____ Ethnicity _____ Gender _____ NAICS _____	Certifying Agency: (Attach proof of certification.)		
State License # _____ Email: _____	Group _____ Ethnicity _____ Gender _____ NAICS _____	Certifying Agency: (Attach proof of certification.)		
State License # _____ Email: _____	Group _____ Ethnicity _____ Gender _____ NAICS _____	Certifying Agency: (Attach proof of certification.)		
State License # _____ Email: _____	Group _____ Ethnicity _____ Gender _____ NAICS _____	Certifying Agency: (Attach proof of certification.)		
State License # _____ Email: _____	Group _____ Ethnicity _____ Gender _____ NAICS _____	Certifying Agency: (Attach proof of certification.)		

\*\*As indicated in the instructions, the following are the authorized certifications agencies for the City of Los Angeles: City of LA Bureau of Contract Administration; Caltrans/CUCP; LA County MTA; and Southern California Minority Business Development Council.

**MBE/WBE/DBE/OBE  
SUBCONTRACTOR PARTICIPATION REPORT**

Name, Address, Phone and Contact of proposed OBE subcontractor	Profile Information	Description of work to be performed	\$ Amount proposed	Percentage of Total
State License # _____ Email: _____	OBE			
State License # _____ Email: _____	OBE			
State License # _____ Email: _____	OBE			
State License # _____ Email: _____	OBE			

*I certify under the penalty of perjury that the information contained on this form is true and correct and that the firms listed are the subcontractors/sub-lessees that will be utilized if this contract is awarded to the above prime. I agree to comply with the Good Faith Effort provisions for substitutions and I further understand and agree that any and all changes or substitutions must be authorized by LAWA Procurement Services prior to their implementation.*

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name (Please Print) Title Phone

**Participation Level Set by LAWA**

**Participation Levels Proposed by Prime**

Total MBE	_____ %	\$ _____	_____ %
Total WBE	_____ %	\$ _____	_____ %
Total DBE	_____ %	\$ _____	_____ %
Total OBE	_____ %	\$ _____	_____ %
Grand Total	_____ %		

Good Faith Effort reviewed by \_\_\_\_\_ Date \_\_\_\_\_ Date sent to Compliance Unit \_\_\_\_\_  
Contract Services Control Number \_\_\_\_\_ Contract No. \_\_\_\_\_ Division \_\_\_\_\_