CERTIFIED MBE SUBCONTRACTOR PARTICIPATION CERTIFICATION

INSTRUCTIONS:

PRIME CONTRACTOR: After completing SECTIONS A, B, and D, provide this form to each certified Minority Business Enterprise subcontractor (MBE) listed on the MBE Participation Schedule (Attachment D-1A) allowing sufficient time for the MBE to respond within the required timeframe.

CERTIFIED MBE SUBCONTRACTOR: Complete SECTION C to acknowledge and certify the information in SECTION A. Return the completed form directly to the Procurement Officer identified in SECTION D within 10 days after notice from the Prime Contractor of the State’s intent to award the Contract. Provide a copy to the Prime Contractor.

**IF THIS FORM IS NOT RETURNED WITHIN THE REQUIRED TIME, THE PROCUREMENT OFFICER MAY DETERMINE THAT THE PRIME CONTRACTOR IS NOT RESPONSIBLE AND THEREFORE NOT ELIGIBLE FOR CONTRACT AWARD.**

SECTION A

Provided that (Prime Contractor) ______________________________________________ is awarded the State contract in conjunction with Solicitation Number _______________________________________, (Prime Contractor) ______________________________________ intends to enter into a subcontract with (Certified MBE Subcontractor) _______________________________________ with MDOT Certification Number __________________ committing to participation by (Certified MBE Subcontractor) _______________________________________ of at least $_____________________ which equals _____% of the Total Contract Value for the following products/services:

<table>
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<tr>
<th>NAICS CODE</th>
<th>WORK ITEM, SPECIFICATION NUMBER, LINE ITEMS OR WORK CATEGORIES (IF APPLICABLE)</th>
<th>DESCRIPTION OF SPECIFIC PRODUCTS AND/OR SERVICES</th>
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The Contractor and certified MBE each acknowledge that, for purposes of determining the accuracy of the information provided herein, the Procurement Officer may request additional information, including, without limitation, copies of the subcontract agreements and quotes. The Contractor and certified MBE each solemnly affirms under the penalties of perjury that: (i) the information provided in this Certified MBE Subcontractor Participation Certification is true to the best of its knowledge, information and belief, and (ii) it has fully complied with the State Minority Business Enterprise law, State Finance and Procurement Article §14-308(a)(2), Annotated Code of Maryland which provides that, except as otherwise provided by law, a Contractor may not identify a certified MBE in a Bid/Proposal and:

(1) fail to request, receive, or otherwise obtain authorization from the MBE to identify the MBE in its Bid/Proposal;
(2) fail to notify the MBE before execution of the Contract of its inclusion of the Bid/Proposal;
(3) fail to use the MBE in the performance of the Contract; or
(4) pay the MBE solely for the use of its name in the Bid/Proposal.
SECTION B – Prime Contractor

Signature of Representative:
_____________________________________________

Printed Name and Title:
_____________________________________________

Prime Firm’s Name: ____________________________

Federal Identification Number: ___________________

Street Address, City, State, Zip Code:
_____________________________________________

Phone: ________________________________

Date: ________________________________

SECTION C – Certified MBE Subcontractor

Signature of Representative:
_____________________________________________

Printed Name and Title:
_____________________________________________

MBE Firm’s Name: ____________________________

Federal Identification Number: ___________________

Street Address, City, State, Zip Code:
_____________________________________________

Phone: ________________________________

Date: ________________________________

SECTION D

This completed form is due to the Procurement Officer on or before: ________________________________

Solicitation #: ________________________________ Solicitation Title: ________________________________

Agency/Dept.: ________________________________ Procurement Officer: ________________________________

Phone: ________________________________ Email: ________________________________

Street Address, City, State, Zip Code:
__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________