|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Desktop, Laptop and Tablet 2015 Master Contract**  **MBE Participation Worksheet**  **For Functional Area III**  **(Installation Services** **)** | | | | | | | |
| Section 1 – PORFP Requesting Agency Information | | | | | | | |
| PORFP Requesting Agency: |  | | | **Date:**  **(mm/dd/yyyy)** | |  | |
| **Point of Contact:** |  | | | **Telephone:** | |  | |
| **PO Manager:** |  | | | **Telephone:** | |  | |
| Section 2 – Solicitation Information | | | | | | | |
| **PORFP Number:**  **(ADPICS PO Number)** |  | | | | | | |
| **PORFP Title:** |  | | | | | | |
| **Brief Description of the PORFP** |  | | | | | | |
| **PORFP Term** |  | | | | | | |
| **Section 3 - Potential Subcontracting Opportunities for PORFP** | | | | | | | |
| |  | | --- | | **Is the current MBE goal being met? Yes  No  (Explain if ‘No’)** | | **Is the current MBE goal being exceeded? Yes  No  (Explain if ‘Yes’)** | | | | | | | | |
| **Services to be Provided  Under Functional Area III of the PORFP** | | | **Number of Potential MBEs per Service** | | **Estimated Percentage of PORFP Value** | | **Estimated Value in Dollars** |
| **List services** | | | **#** | | **%** | | **$** |
|  | | |  | |  | |  |
| Estimated Potential Subcontracting Amount | | | | | | | **$** |
| **Estimated PORFP Value** | | | | | | | **$** |
| Calculated MBE Goal(Estimated Potential Subcontracting Amount / Estimated PORFP Value) | | | | | | | **%** |
| Section 4 – Summary | | | | | | | |
| Recommended MBE Goal as a percentage | | **%** | Estimated MBE Amount in Dollars | | | **$** | |
| Explanation of the Recommended MBE Goal: | | | | | | | |

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Procurement Officer Name & Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purchase Order Manager Name & Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MBE Liaison or Department Head Name & Signature Date

**Please submit this form as a signed PDF with your award package**