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| **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** |
|

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| --- |
| **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 IIIof 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**