

**SCHEDULE A  
MPS - NEIGHBORHOOD SCHOOLS INITIATIVE  
Program Compliance and HUB Utilization Plan**



State \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_

I hereby declare and affirm that I, \_\_\_\_\_ am a duly authorized representative of \_\_\_\_\_

**NAME OF PRIME CONTRACTOR / SERVICE PROVIDER**

and that I have personally reviewed the material and facts set forth herein describing our proposed plan to achieve the HUB requirements of this contract on:

**SITE**

All Minority and/or Women Enterprises included in this plan have been certified as such by one or more of the following agencies,

- |   |                                       |
|---|---------------------------------------|
| State of Wisconsin Dept of Commerce                 | Other Department of Transportation    |
| Wisconsin Department of Transportation              | Business Education Consortium         |
| National Supplier Development Council               | Other Recognized Certification Agency |
| Milwaukee County Disadvantaged Business Development |                                       |

**\* Out of State certifications are subject to review and approval by the Independent Monitor**

All firms claiming to be certified have submitted copies of their Letters of Certifications and any appropriate Affidavits to me and they are attached for your review.

Check here if one or more firms included with this form are not yet properly Certified.

**I. HUB contractor.** If Contractor or supplier is a certified HUB, attach a copy of that firm's Letter of Certification. Firms dually certified both MBE and WBE can only be used to satisfy the MBE goal or the WBE goal. A firm's participation must be all MBE or WBE and cannot be split into two categories by Contractors. A DBE certified firm must attach an approved Affidavit of Business Ownership Status, indicating it is a Minority or Woman owned business.

All suppliers must submit copies of their official corporate wholesale agreements, issued by the equipment manufacturer(s) for all materials to be supplied. Failure to do so may cause the supplier to be classified as a broker.

**II. HUB Firms in Joint Ventures.** If contractor is a Certified HUB firm Joint Venture (JV), see HUB Firm contractor requirements above. A HUB firm JV is one in which the HUB firm(s) exceed 50% of the ownership and control of the JV and has been Certified as such by one of the aforementioned Certification bodies.

HUB Firms in Joint Ventures where the HUB firms have 50% or less of the ownership and control of the Joint Venture should submit to the NSI Independent Monitor an approved SCHEDULE C 10 working days prior to the proposal due date. HUB firm participation in this case will be determined by the Independent Monitor in direct proportion to the determination of the HUB firm ownership, risk, reward and control of the Joint Venture.

**III. Target Firm Commitment:** Our firm commits to the following Participation Levels. MBE                      %    WBE                      %

**IV. Estimated Project Hours.** Total Estimated man-hours on site: \_\_\_\_\_ Hours

Estimated use of Journeymen:	Hours	Apprentices:	Hours
Estimated use of Laborers:	Hours	Helpers:	Hours
Major Trades:    (1)	(2)	(3)	

**V. COIN Areas:** Where do you plan to use your COIN workforce? (Masons, carpenters, helpers, etc).

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**VI. COIN Commitment:** Contractors' minimum commitment to COIN workforce: \_\_\_\_\_ % total hours.



**Schedule A  
Continued**

Prime Contractor

Bid Pack / Contract



Prime Contract Value

Scope

Cluster

**VII. HUB Firm Subcontractors. Complete for each HUB Firm to be counted:**

Work/Services to be Provided or Materials to be Supplied

Company

First Name MI Last Name

Street Address

Proposed Participation Credit \$ Amount

MBE WBE

City State Zip Code

Proposed Participation % of your contract

Check all that apply and attach copies of certification documents

Phone Number E-mail Address

(If certified as MBE and WBE, choose one from drop down list)

Work/Services to be Provided or Materials to be Supplied

Company

First Name MI Last Name

Street Address

Proposed Participation Credit \$ Amount

MBE WBE

City State Zip Code

Proposed Participation % of your contract

Check all that apply and attach copies of certification documents

Phone Number E-mail Address

(If certified as MBE and WBE, choose one from drop down list)

Work/Services to be Provided or Materials to be Supplied

Company

First Name MI Last Name

Street Address

Proposed Participation Credit \$ Amount

MBE WBE

City State Zip Code

Proposed Participation % of your contract

Check all that apply and attach copies of certification documents

Phone Number E-mail Address

(If certified as MBE and WBE, choose one from drop down list)

**In the Summary line below, be sure not to double count expenditures to MBE firms, which are also WBE's.**

**Planned Expenditures: MBE\$ MBE% WBE\$ WBE%**

The Contractor designates the following person as their HUB firm Liaison Officer:

\_\_\_\_\_  
Signature of authorized Contractor Representative

e-mail Address

Phone No.

Fax No.

Title

Date

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_ AD

\_\_\_\_\_  
Notary Public, State of Wisconsin

\_\_\_\_\_  
My Commission Expires

[ ] / / <- Independent Monitor Initial and date to show this form has been review and approved, including HUB Firms's intended Scope of Work Listed.

