

**SCHEDULE B -1
MPS - NEIGHBORHOOD SCHOOLS INITIATIVE
HUB Project Acknowledgement**

This form is to be completed by the HUB firm. You are acknowledging that the stated Prime Contractor is using your firm (and for what amount) in its' bid to the MPS - Department of facilities & maintenance services or its' designee



Company:
(Hub Firm)

Bid Package name/number:

Cluster:

Site:

I am certified as MBE WBE DBE -- *(Check all that apply)*

State of Wisconsin Department of Commerce Milw County Disadvantaged Business Development

Wisconsin Department of Transportation Other Department of Transportation *(please specify State)*

Business Education Consortium National Supplier Development Council *(specify State or Region)*

Other Recognized Certification Agency *(please specify)*

** If certified as DBE, must provide Schedule B - 2, Affidavit of Minority or Woman Owned Business Status*

To:
(Prime Consultant / Contractor)

and Prism Technical, Project Independent Monitor:

The undersigned intends to perform work in connection with the above project as a:

Sole Proprietor

Partnership

Corporation

Joint Venture

The undersigned is prepared to provide the following described services or supply the following described goods in connection with the above named project / contract:

The above described performance is offered for the following price and described terms of payment:

Numeric amount

Please write out the amount

If more space is needed to fully describe the HUB Firm's proposed scope of work and/or payment schedule, attach additional sheets. Please if additional sheets are supplied.

The undersigned will enter into a formal written agreement for the above work with the above named Prime Contractor/Consultant, conditioned upon execution by the Prime Contractor/Consultant of a contract for work on projects initiated by the MPS -Department of Facilities & Maintenance Services or its' designee. The undersigned agrees to sign a written agreement within twenty working days of notice of a signed contract between the Prime Contractor and the MPS - Department of Facilities & Maintenance Services or its' designee.

(Signature of Owner or Authorized Agent (of M/WBE Firm)

E-mail Address

Please Print Name & Title

Phone No.

Date

Fax No.

