

SDVE COMPLIANCE EVALUATION FORM

This form is to be completed by bidders and submitted to Planning, Design and Construction prior to the awarding of the construction contract.

The undersigned submits the following data with respect to this firm's assurance to meet the Owner's goal for SDVE participation.

1. Project: _____
2. Name of General Contractor _____
3. Name of SDVE Firm: _____
Address: _____ Telephone: _____
Type of Business: _____ Officer: _____
4. Describe the subcontract work to be performed. (List Base Bid work and any Alternate work separately): Base Bid _____
Alternate(s), (identify separately): _____
5. Dollar amount of contract to be subcontracted to the SDVE Firm:
Base Bid: \$ _____ Alternate(s), (identify separately): \$ _____

6. Is the proposed subcontractor listed in the SDVE Directory maintained by the Office of Equal Opportunity, State of Missouri?

Yes _____ No _____

Is the proposed subcontractor certified as a SDVE firm by any of the following: federal government agencies, state agencies, State of Missouri city or county government agencies?

Yes _____ No _____

If yes, provide details: _____
If the answer is no to both questions above, please attach the information requested in the SDVE Eligibility Determination Form.

Name of Organization

By

Title

Signature