



Northwestern University
Form 100
Supplier Diversity Implementation Plan

Contract/P.O./Project Reference Name: _____

Contract/P.O./Project Number: _____

I HEREBY DECLARE AND AFFIRM that I am a duly authorized representative of:

Name of Bidder/Proposer/Consultant

and that I have personally reviewed the material and facts set forth herein describing our proposed plan to implement an economic opportunity plan in this contract.

I. Participation of M/W/D/LBE Firms

A. If Bidder/Proposer/Consultant is certified MBE, WBE, or DBE firm, attach copies of Letters of Certification.

B. If Bidder/Proposer/Consultant is a proposed joint venture and one of more joint venture partners are certified MBEs, WBEs, or DBEs, attach, for the University's evaluation, copies of Letters of Certification and a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE/DBE firm(s) and its ownership interest in the joint venture.

C. If Bidder/Proposer/Consultant has a place of business within the city limits of Evanston, Illinois and is an LBE, attach a copy of a business license or another official document supporting location of business in Evanston. Status as an LBE must be demonstrated to the satisfaction of Northwestern University.

II. All Bidders/Proposers/Consultants: Please identify M/W/D/LBE subcontractors and/or trade area for participation. At a minimum, scope of work, dollar amount and percentage amount sections must be completed. Attach additional sheets as required.

1. Name of M/W/D/LBE: _____

Scope of Work (Trade Area): _____

Address: _____

Contact Person: _____ Phone: _____

Dollar Amount Participation \$ _____

Percentage Amount of Participation: _____%

Form 200 attached? Yes _____ No _____*

2. Name of M/W/D/LBE: _____
Scope of Work (Trade Area): _____
Address: _____
Contact Person: _____ Phone: _____
Dollar Amount Participation \$ _____
Percentage Amount of Participation: ____%
Form 200 attached? Yes _____ No _____*

* All From 200s and Letters of Certification must be submitted with bid/proposal.

To the best of my knowledge, information and belief, the facts and representations contained in this Schedule are true, and no material facts have been omitted.

The Bidder/Proposer/Consultant designates the following person as their M/W/D/LBE liaison Officer:

Name: _____ Phone Number: _____

The Bidder/Proposer/Consultant designates the following person as the Project Manager for this project:

Name: _____ Phone Number: _____

I solemnly declare and affirm under penalties of perjury that the contents of the foregoing document are true and correct, and that I am authorized, on behalf of the contractor, to make this affidavit.

Owner or Authorized Agent

Date

State of _____

County of _____

This was acknowledged before me on _____ (date)

by _____ (name/s of person/s)

as _____ (type of authority, e.g., officer, trustee, etc.)

of _____ (Name of party on behalf of whom instrument was executed)

Signature of Notary Public