

## M/WBE CONTRACTOR UNAVAILABLE CERTIFICATION

**RFP#/PROJECT NAME** \_\_\_\_\_

I, \_\_\_\_\_ (Authorized Representative) \_\_\_\_\_ (Title) \_\_\_\_\_ (Bidder/Applicant's Company)

\_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

I certify that the following New York State Certified Minority/Women Business Enterprises were contacted to obtain a quote for work to be performed on the abovementioned project/contract.

List of date, name of M/WBE firm, telephone/e-mail address of M/WBEs contacted, type of work requested, estimated budgeted amount for each quote requested.

DATE	M/WBE NAME	PHONE/EMAIL	TYPE OF WORK	ESTIMATED BUDGET	REASON
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

To the best of my knowledge and belief, said New York State Certified Minority/Women Business Enterprise contractor(s) was/were not selected, unavailable for work on this project, or unable to provide a quote for the following reasons: Please check appropriate reasons given by each MBE/WBE firm contacted above.

- A. Did not have the capability to perform the work
- B. Contract too small
- C. Remote location
- D. Received solicitation notices too late
- E. Did not want to work with this contractor
- F. Other (give reason)

\_\_\_\_\_  
**Authorized Representative Signature**                      **Date**                      **Print Name**  
**M/WBE 105A**