



**CITY OF MILWAUKEE  
OFFICE OF SMALL BUSINESS DEVELOPMENT  
FORM A - CONTRACTOR COMPLIANCE PLAN**

This compliance plan must be completed in its entirety and is a required submission with an Invitation to Bid or a Request for Proposal (RFP) if the solicitation includes an SBE requirement and/or if a Proposer is seeking to earn SBE bonus points as it relates to an RFP. **Additionally, in order to qualify, an active (non-expired) certificate of Small Business Enterprise (SBE) Certification issued by The Office of Small Business Development for each SBE firm must accompany this form. The SBE firm must be certified at the time of bid opening and/or RFP closing.**

**I. GENERAL INFORMATION (REQUIRED)**

Bid / RFP #: \_\_\_\_\_ SBE Participation: \_\_\_\_\_ % Total Dollar Amount: \$ \_\_\_\_\_

Description of SBE participation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**II. PRIME CONTRACTOR INFORMATION (REQUIRED)**

Contractor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 City of Milwaukee SBE Certification: \_\_\_\_\_ Yes \_\_\_\_\_ No

**III. ACKNOWLEDGEMENT (REQUIRED)**

I certify that the information included in this Compliance Plan is true and complete to the best of my knowledge. I further understand and agree that this compliance plan is a condition of my Bid/RFP responsiveness. **Failure to submit this form with my response and/or meet the specified SBE requirements may render the Bid/RFP unresponsive.**

Name of Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR STAFF USE ONLY**

SBE providing service/commodity consistent with NAICS Code(s) and Prime Contractor's scope of service \_\_\_\_\_ Yes \_\_\_\_\_ No

SBE Certification Verified: \_\_\_\_\_ Yes \_\_\_\_\_ No

Staff Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_



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List all subcontractor information in its entirety. Only SBE firms certified through the City Of Milwaukee Office of Small Business Development will be counted towards SBE participation. Individual subcontractor SBE percentages should equal the overall participation as listed on Page 1. Please visit the OSBD website www.milwaukee.gov/osbd for a complete list of certified firms.

IV. SUBCONTRACTOR INFORMATION

Subcontractor Name:
Contact Person:
Phone: Fax: E-mail:
City of Milwaukee SBE Certification: Yes No

Please identify the proposed award amount and percentage of the contract the subcontractor will fulfill (if applicable).

Proposed Award: \$ Percentage of contract: %

Name of Owner/Representative :

Owner/Representative Signature: Date:

Subcontractor Name:

Contact Person:

Phone: Fax: E-mail:

City of Milwaukee SBE Certification: Yes No

Please identify the proposed award amount and percentage of the contract the subcontractor will fulfill (if applicable).

Proposed Award: \$ Percentage of contract: %

Name of Owner/Representative :

Owner/Representative Signature: Date:

\*PLEASE DUPLICATE AS NEEDED TO PROVIDE ADDITIONAL SUBCONTRACTOR INFORMATION\*

Department of Administration
Office of Small Business Development
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Milwaukee, WI 53202
Information Line: 414-286-5553 Fax: 286-8752
www.milwaukee.gov/osbd