

# TBE Participation Recommendation

## CONTACT INFORMATION

Contract Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Email Address \_\_\_\_\_ Dept: \_\_\_\_\_ Grant \$\$: \_\_\_\_\_ Org No. \_\_\_\_\_

## PROJECT INFORMATION

Project Name: \_\_\_\_\_ Project No.: \_\_\_\_\_  
Contract Scope/Project Description (**attach scope/description of work or estimating sheet**):

\_\_\_\_\_  
\_\_\_\_\_

Contracting Opportunities (List NAICS codes): \_\_\_\_\_

## TYPE OF PROJECT

Contract Value: \_\_\_\_\_ Contract Type: \_\_\_\_\_

Recommended Goal: \_\_\_\_\_

## EXPLANATION

**Request for a goal of 0% requires signature of department head. Check boxes below. Check all that applies.**

- A. \$10,000 or less       B. Rental or Lease       C. Governmental Agency or Institution   
D. <sup>1</sup>Non-Profit (No subcontract)       E. Purchasing or Renewal of software license   
F. <sup>2</sup>Contract Extension/Amendment       G. <sup>3</sup>Specialized       H. Only one individual assigned to the contract   
I. The nature (scope of work) of contract doesn't have subcontracting opportunities       J. <sup>4</sup>Grants   
K. No funding use by Milwaukee County       L. Special License or Certificate required   
M. Other \_\_\_\_\_

Department/Division Administrator

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## CBDP USE ONLY

Concur with Recommendation \_\_\_\_\_, or provide the following goals: \_\_\_\_\_ %

This contract is exempt from a participation goal: \_\_\_\_ Yes \_\_\_\_ No

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** 1 Non-Profit is not subcontracting work. 2 Must have the original Participation agreement. 3. No known TBE firms available. 4 No subcontracting to a non-profit entity. 5 A non-Milwaukee County entity is funding the project.