

**Form 101 – Direct Participation of  
Subcontractors/Suppliers/Consultants**

Name of M/WBE Firm:		Race/Gender:			
Address:					
City/State/Zip:					
Telephone No.:		Fax:	CPS Vendor No.:		
Contact Person:					
Dollar Amt.: \$		%	Letter of Intent Attached?	Yes                  No	
Description of Commodity/Services:					

Name of M/WBE Firm:		Race/Gender:			
Address:					
City/State/Zip:					
Telephone No.:		Fax:	CPS Vendor No.:		
Contact Person:					
Dollar Amt.: \$		%	Letter of Intent Attached?	Yes                  No	
Description of Commodity/Services:					

Name of M/WBE Firm:		Race/Gender:			
Address:					
City/State/Zip:					
Telephone No.:		Fax:	CPS Vendor No.:		
Contact Person:					
Dollar Amt.: \$		%	Letter of Intent Attached?	Yes                  No	
Description of Commodity/Services:					

Total MBE      \$ \_\_\_\_\_      %                  Total WBE      \$ \_\_\_\_\_      %