**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.

# ESTIMATED

**DATE M/WBE NAME PHONE/EMAIL TYPE OF WORK 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**