

Division of Equity, Diversity and Inclusion Minority Business Enterprise Compliance Office

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MPA PRE-AUTHORIZATION MBE PARTICIPATION ACKNOWLEDGMENT

MPA # and Title:				
Prime Contractor:	Authorized Contact	Person:		
Contractor Phone Number:	Contractor I	Email:		
Which of the following describes your busine	ss' status in terms of Mir	ority and/or Wor	nan, and/o	r Veteran-Owned
Business Enterprise certification with the Stat	e of Rhode Island? MB	E WBE	_ VBE	or N/A
Rhode Island General Laws § 37-14.1 <i>et al.</i> , in all state funded and state directed public goods and services and shall be awarded a project. By initialing the following sections contractor or an authorized representative	construction programs minimum of 10% of the and signing the bottom of the contractor, I her	and projects and dollar value of a first document of this document that	nd in state an entire p nt in my ca t:	purchases of procurement or apacity as the
 I acknowledge the State's requiremen state directed public construction prog 			esses in all	state funded and
	•	Initials:	-	
 I acknowledge that, if awarded the co- (MBECO), copies of all executed agre- participation goals. 				
	-	Initials:	-	
I acknowledge that, if awarded the co the MBECO on a monthly basis verify			•	d documents to
• I acknowledge that, if awarded the co ALL changes in the use of vendors, s Change Orders.	ntract, the company is re-			
	-	Initials:	_	
• I acknowledge that, if awarded the comay result in a determination of Non-37-14.1 <i>et al.</i>				
		Initials:		
I, as an authorized signatory for the prime that the contents of the foregoing Acknowld and belief.				
Printed Name	Signature		;	Date