

## **BOARD OF CONTRACT AND SUPPLY**

CITY OF PROVIDENCE, RHODE ISLAND

## Form D2: MBE/WBE Participation Independent Waiver Request Form

Does the Bidder intend to subcontract any portion of the proposed work/service to a MBE/WBE?		
Yes X No		
This form is for Bidders in Category 1 and 2 only, so if you answe	red Yes to the above question, please review the B	idder Category
Worksheet (page 3) and Form Matrix (page 1) to determine the co	orrect forms to use.	*
Name of Bidder: Kleinschmidt Associates		
	Tuno 21	2019
Contract Name/Number: Andrew Qua	Bid Due Date: June 29	
Goals on this contract: 10 % MBE 10	% WBE	
I have achieved% MBE	% WBE	
Law variation a visit of 10 0/ MDC	10 0/ WDF	
I am requesting a waiver of 10 MBE MBE	% WBE	
Is the BIDDER certified by the State of Rhode Island Minority Business Enterprise ProgramYes No		
If Yes, please check the type(s) of certification and er	nter the Certification number immediately b	elow:
Type of Firm: MBE   WBE		
MBE/WBE Certification Number (MBCN#):	Expiration Date:	
I acknowledge the City of Providence's goals of supporting MBE/WBE certified businesses. If an opportunity is identified to subcontract any task associated with the fulfillment of this contract, a		
good faith effort will be made to select MBE/WBE certified businesses as partners		
Digitally signed by Andrew Qua  Dit can-Andrew Qua, an Keinschmidt,  Qua,  Qua,	•	
Date: 2018.06.19 09:21:32 -04'00'	rew Qua	June 20, 2018
Signature of Bidder	Printed Name	Date
Submit this form to the City of Providence MBE/WBE Office for signature and approval by either the		
MBE/WBE Compliance Officer or the MBE/WBE C	oordinator. All requests must be made	at least four
(4) days prior to the bid opening date.		,
		0/0/0
Charl Mis	ORACE DIA	Q115/16
Signature of MBE/WBE Outreach Director*	Printed Name	Date
*For more information on this program please contact Grace Diaz the MBE/WBE Outreach Director for the		
City of Providence, by phone at (401) 680-5766 or by email at gdiaz@providenceri.gov. (Please use subject		

line "MBE WBE Forms")

<sup>\*\*</sup>This form will NOT be considered complete without the signature of the MBE/WBE Outreach Director.