APPENDIX B

Prime Vendor Information Sheet

This form should be filled out by the **PRIME** vendor with prime vendor company information regardless of whether there is a HUB participation requirement listed.

Prime HUBs must identify the actual percentage of service/product they will provide. Only that percentage of service/product actually provided by the HUB prime will count toward HUB participation.

You are also encouraged to fill out additional forms for each of your subcontractors. The information in this appendix will be used for statistical reporting purposes only.

Prime Vendor Name: _____

Are you a certified MBE firm? ☐ Yes ☐ No Certifying Agency_____

Are you a certified WBE firm? ☐ Yes ☐ No Certifying Agency_____

Are you a certified SBA-8A SBE, DBE, DVSOB firm? ☐ Yes ☐ No Certifying Agency_____

Total number of all employees within your company: _____

Number of minority employees within your company: _____

Number of women employees within your company: _____

1. Please include a copy of each firm's [prime and subcontractor] Affirmative Action Statement.
2. Please provide the following information for each individual assigned as a team member on the MPS project (both prime vendor team and subcontractor team): Name, project assignment, ethnicity, gender, resident (r) or non-resident (nr) of Milwaukee, and hours/percent of project dollars.

Name of Team Member	Project Assignment	Ethnicity	M/F	Resident/ Non-resident	% of Project Dollars