PLEASE ATTACH YOUR MDOT MBE LIST WITH THIS SOLICITATION TO OBTAIN, CALL 410-865-1269 OR VISIT THE INTERNET SITE AT www.mdot.state.md.us

DEPARTMENT OF HEALTH AND MENTAL HYGIENE GOAL SETTING MBE SOLICITATION REVIEW AND APPROVAL FORM

ADPICS/OPASS # & TITLE:		
New Procurement: Option:		
Anticipated Dollar Amount:		
Administration:		
Contact:		Phone:
Incumbent Vendor (if applicable)? Y_{-}	N Non-Profi	t? Y_N_ MBE? Y_N_
Name:		
(if incumbent vendor, please attach mo		
MBE Subcontract Goal:% Previ	ous Goal? Y%	_N Goal Met? YN
Include an explanation and justify your	0	
certified by the MDOT to perform the		are soliciting and consideration as to
which portion of the contract can be su	bcontracted.	
RECOMMENDATION:		
Approved as submitted.		
Approved with recommended c	hanges (see comme	ents)
Denied:		
Stated goal is insufficien	nt. Recommended	goal is:%
Failure to include justif	ication for MBE su	bcontracting goal.
Other (see comments)		
Reviewed by Procurement Review Gro	up:	
MBE Administrator/Liaison:		Date
Attorney General:		
Director of OPASS:		
Procurement Review Group Member:		_ Date:
Procurement Review Group Member:		
•		
Note: Submit options with MBE goals	only. Attach origin	nal goal justification, additionally llar amount with certified MBE subs. If
goal is not being met submit a corrective	mbent and total dol ve action plan.	nar amount with certified MBE subs. If

(Revised 3/2008)

MBE SEARCH RESULTS

Categories Subcontractable	Number of Certified Companies in each Category	Estimated Dollar Value	Percentage of Anticipated Award
TOTALS	#	\$	%

IF A GOAL IS NOT FEASIBLE FOR THIS CONTRACT, ATTACH A LIST OF THOSE COMPANIES CERTIFIED BY MDOT WHICH WILL BE DIRECTLY SOLICITED WITH THEIR NAMES AND CERTIFICATION NUMBERS.

Revised 3/2008