OSBD SCHEDULE 1*

SOLICITATION/PROJECT/BID NAME: _____   SOLICITATION/PROJECT/BID NO.: _____

SOLICITATION OPENING/SUBMITTAL DATE: _____   COUNTY DEPARTMENT: _____

Section A   PLEASE LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY THE <u>PRIME CONTRACTOR/CONSULTANT*</u> ON THE PROJECT:

NAME OF PRIME RESPONDENT/BIDDER: _____   ADDRESS: _____

CONTACT PERSON: _____   PHONE NO.: _____   E-MAIL: _____

PRIME'S DOLLAR AMOUNT OR PERCENTAGE OF WORK: _____   Non-SBE ☐   SBE ☐
SBE Prime's must include their percentage or dollar amount in the Total Participation line under section B.

Section B   PLEASE LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY <u>ALL SUBCONTRACTORS/SUBCONSULTANTS</u> ON THE PROJECT BELOW:

Subcontractor/Sub consultant Name	(Check all Applicable Categories)		DOLLAR AMOUNT OR PERCENTAGE OF WORK
	Non-SBE	**SBE**	
1.	☐	☐	_____
2.	☐	☐	_____
3.	☐	☐	_____
4.	☐	☐	_____
5.	☐	☐	_____

(Please use additional sheets if necessary)

Total _____

Total Bid/Offer Price $_____   Total **Certified** SBE Participation $ _____

I hereby certify that the above information is accurate to the best of my knowledge: _____   _____

<div align="center">Name & Authorized Signature</div>   Title

Note:
1. The amount listed on this form for a Subcontractor/sub consultant must be supported by price or percentage listed on the properly executed Schedule 2 or attached signed proposal.
2. Only those firms certified by Palm Beach County at the time of solicitation due date are eligible to meet the established OSBD Affirmative Procurement Initiative (API). Please
3. Modification of this form is not permitted and will be rejected upon submittal.
4. If a Mandatory API goal applies, failure to submit a properly executed Schedule 2 will result in a determination of non-responsiveness to the solicitation.

*Revised 6.5.2025 pursuant to Emergency Ordinance 2025-014, approved on June 3, 2025