OEBO SCHEDULE 1

SOLICITATION/PROJECT/BID NAME:SOLICITATION OPENING/SUBMITTAL DATE:		SOL	SOLICITATION/PROJECT/BID NO.:							
		COI	COUNTY DEPARTMENT:							
Section A PLEASE LIST THE DOLLAR AMO	OUNT OR PERCENTAGE OF	WORK TO BE COMPLE	TED BY THE <u>PR</u>	IME CONTR	ACTOR/CONS	SULTANT* ON 1	HE PROJECT	7:		
NAME OF PRIME RESPONDENT/BIDDER:		ADDRESS:								
CONTACT PERSON:	PHONE NO	_ PHONE NO.:			E-MAIL:					
PRIME'S DOLLAR AMOUNT OR PERCENTAGE OF WO *SBE Prime's must include their percentage or dollar amo			Non-SBE	SBE						
Section B PLEASE LIST THE DOLLAR AMO	OUNT OR PERCENTAGE OF	WORK TO BE COMPLE	TED BY <u>ALL SU</u>	BCONTRACT	ORS/SUBCO	<u>NSULTANTS</u> ON	THE PROJE	CT BELOW:		
Subcontractor/Sub consultant Name	(Check all Applicable	(Check all Applicable Categories)		DOLLAR AMOUNT OR PERCENTA				GE OF WORK		
	Non-SBE	<u>SBE</u>	Black	Hispanic	Women	Caucasian	— Asian	Other		
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 b	est of my knowledge:									
	Name & Authorized Signature							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 OEBO Affirmative Procurement Initiative (API). Please check the applicable box and list the dollar amount or percentage under the appropriate demographic category.
 - 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.