



**City of Virginia Beach - Purchasing Department  
SWaM-certified Subcontracting Participation Plan**

**Form CVAB - E2**

**Project Name:** \_\_\_\_\_

**Bid Number:** \_\_\_\_\_

**Prime Contractor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Contact Telephone:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

Total Bid Amount

Total Subcontracting Amount

\*\*Total SWaM-certified Subcontracting Amount

\*\*must be equal to or greater than 50% of total subcontracting amount

**Intent to utilize subcontractors**      YES      NO      (indicate selection by circling correct option)

**\*\*\*\*\*Participation Plan and/or Good Faith Efforts MUST be submitted with the bid\*\*\*\*\***

SWaM-certified firm	Certification Number	Status (M, S, or W)	Scope of Work to be Performed	Estimated Subcontract Dollar Amount	DBE certified Y/N	MBCoord Approval	
						(FOR OFFICE USE ONLY)	Verified

**IMPORTANT: THIS PARTICIPATION PLAN MUST BE COMPLETED AND SUBMITTED WITH YOUR SEALED BID, NO EXCEPTIONS**

*By signing below, you attest that the above information is true and accurate to the best of your knowledge, in addition you certify your intent to fully engage each SWaM-certified firm listed.*

\_\_\_\_\_  
 Authorized Representative (Prime)      Print      Title      Authorized Representative (Prime)      Signature      Date  
 Name

# Prime Contractor Workforce Composition Form

Prime Contractor: \_\_\_\_\_

Submittal Date: \_\_\_\_\_

	# Employees	% Employees	% Managers	% Supervisors	% Professionals	% Non-Professionals
<b>Woman</b>						
<b>Minority</b>						
<b>Woman Minority</b>						
<b>Other</b>						
<b>Total</b>						

<b>Descriptions</b>
<b>Manager:</b> Responsible for directing and controlling the work and staff of a business, or of a department within it.
<b>Supervisor:</b> Oversees and guides the work or activities of a group of other employees.
<b>Professional:</b> Requires extensive education in their field (undergraduate degree or higher) or a specialized certification from an accredited agency.
<b>Non-Professional:</b> Not in one of the above categories.



**City of Virginia Beach - Purchasing Department  
Monthly SWaM-certified Subcontractor Payment Data Sheet**

**Form CVAB - E**

**Project Name:** \_\_\_\_\_

**Bid Number:** \_\_\_\_\_

**Prime Contractor:** \_\_\_\_\_

Total Bid Amount

Total Subcontracting Amount

\*\*Total SWaM-certified Subcontracting Amount

\*\*must be equal to or greater than 50% of total subcontracting amount

# PAYMENT DATA SHEET - CITY FORM E

SWaM-certified firm	Certification Number	Status (M, S, or W)	Scope of Work Performed	Contact Information for SWaM-certified Firm (name and telephone number)	Amount Paid this month	Total Amount Paid (YTD)

IMPORTANT: THIS PARTICIPATION PLAN MUST BE COMPLETED AND SUBMITTED MONTHLY WITH YOUR FIRM'S INVOICE

By signing below, you attest that the above information is true and accurate to the best of your knowledge, in addition you certify your intent to fully engage each SWaM-certified firm listed.

Authorized Representative (Prime) Name	Print	Title	Authorized Representative (Prime) Signature	Date
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