WISCONSIN INCLUSION AGREEMENT

Contract Details:

Bid Opening Date:		Prime Contractor:		
Project ID:		Prime Contractor Bid Amount		
Project Description:				
Route:				
County:		Total \$ Amount to Targeted Business		
Name of Targeted Business*:				
Name of Targeted Business Intermediary:				
Type of Work				
□ Subcontractor	□ Supplier	□ Trucker	□ Other	
Training: Number of units		Cost per unit payment		
Schedule: Start Date		Anticipated Completion Date:		
Attach project schedule within 30 days of subcontract start date				

Bidder Firm

In Signing I certify that I made arrangements with	Firm Name:		
the targeted business or intermediary	Firm's Representative:		
to perform the type of work or training indicated above for the value listed	Address:		
above.	Phone #:	Email:	
SubcontractTraining Agreement	Representative's Signature:		
	Preferred Method of Contact:		

Targeted Business/Targeted Business Intermediary:

In Signing	Firm Name:		
I certify that I made arrangements with the contractor to perform the type of work or	Firm's Representative:		
training indicated above for the value listed above. My targeted business certification	Address:		
	Phone #:	Email:	
	Representative's Signature	•	
	<u>Representative 3 orginature</u>	<u>-</u>	
	Comments		
□ WBE	<u></u>		
Other			

*All targeted businesses to be utilized on the project must be enrolled as a subcontractor in the Civil Rights & Compliance System