



COMMUNITY BUSINESS DEVELOPMENT PARTNERS
MILWAUKEE COUNTY

DBE Participation Recommendation - Professional Services

County Contract/Project Manager: WILLIAM P. LETHLEAN Date: 5/24/16
 Building: SAFETY BUILDING Room No.: 224 Phone: 414-278-5354
 Fund: 01 Agency: 400 Org No. 4000 Project No.: NA

Project Name: _____

Work/Project Description (Scope): CONSTITUTIONAL AND STATUTORY DUTIES AND
LEGAL SERVICES

Government Funding (State, Federal)? Yes _____ No X If Yes, Type/Dept. _____
 [State or Federal (i.e. UMTA, DOT, FAA, etc.)]

Is Project/Contract: New ___ Existing ___ Amendment X Continuing ___ Extension ___ Non-Profit Y/N ___
 (If Non-profit, please provide confirmation of Non-Profit Agency)

Estimated Amount	Recommended DBE Participation (*)
\$ <u>50,000</u>	<u>0</u> %

Contracting Opportunities (List SIC/NAICS codes - see DBD-012PS A form) 8111 / 561110

RFP will be used (Yes/No) No Advertising Date: _____ Proposal Due Date: _____
 County Board Approval _____ County Board Committee: _____

(* A Zero (0%) percent total requires a WAIVER. If a Waiver is requested, please provide a detailed explanation, the completed Waiver Request (DBE-07) form, and have the Department/Division Head sign below.
ATTACHED WAIVER REQUEST.

Department/Division Administrator

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 (CBDP USE ONLY) Indicate Determination and Return Copy to Writer

Concur with Recommendation: _____, or provide the following goal: _____ %
 The contract is exempt from the DBE goal: Yes _____ No _____

Approved: _____ Date: _____