



**COMMUNITY BUSINESS DEVELOPMENT PARTNERS  
MILWAUKEE COUNTY**

**DBE Participation Recommendation/Wavier Request**

To be completed by project owner. Please, direct questions regarding this form to CDBP, 414-278-4747 or

CDBP@milwaukeeCountyWi.gov

**FUNDING SOURCE**

Local     State     Federal     Grant    If Federally Funded, what percentage? \_\_\_\_\_ %  
Federal Source of Funds:     FAA     FTA     DOT (includes WisDOT)     Other: \_\_\_\_\_

**CONTACT INFORMATION**

Contract Administrator: James Martin    Phone: 414-257-5987    Date: 2/23/2015  
Email Address James.Martin@MilwaukeeCountyWi.gov    Fund: \_\_\_\_\_    Agency: \_\_\_\_\_    Org No. \_\_\_\_\_

**PROJECT INFORMATION**

Project Name: MCDOT Highway Billing System Replacement    Project No.: WH23401

Contract Scope/Project Description (attach scope/description of work or estimating sheet):

Cityworks Implementation, GIS Support, and Data Development

Contracting Opportunities (List NAICS codes): 541360

RFP/BID will be used (Yes/No) No    Advertising Date: \_\_\_\_\_    Bid/Proposal Due Date: \_\_\_\_\_

**TYPE OF PROJECT**

<u>Professional Services</u>	<u>Estimated Amount</u>	<u>Recommended DBE Participation</u>	
	<u>\$ 30,000</u>	<u>10</u> %	
<u>Construction Related</u>	<u>Estimated Amount</u>	<u>Estimated Allowance</u>	<u>Recommended DBE Participation</u>
_____	\$ _____	\$ _____	_____ %
_____	\$ _____	\$ _____	_____ %


**APPROVALS**

Is county board approval required? YES    Resolution #: \_\_\_\_\_    (attach resolution)

**WAIVER REQUEST**

**Request for a goal of 0% requires signature of department head, a full scope of project and explanation.**

Explanation: \_\_\_\_\_

Brian Dranzik        3/16/15  
Department/Division Administrator Name    Signature    Date

**CBDP USE ONLY**

Concur with Recommendation  , or provide the following goals: \_\_\_\_\_ 10 %

This contract is exempt from the DBE goal:     Yes     No

Approved: Rick Norris    Date: 3/13/2015