Construction Contract SDVE/HDVE Participation Summary

Project # Name:		Contractor:
Goal:		Contact:
Base Bid:		Phone:
Plus Taken Alternates		Email:

FIRM NAME City, State	SDVE	HDVE	Service	Dollar Amount	State of MO Certification #

Participation	Dollars	Percent
HDVE		
SDVE		

Prepared by: _____ Date: _____
Director Reviewed: _____ Date: _____

Attach a copy of all forms and any supporting information.