



City of Virginia Beach - Purchasing Department  
Small Business 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 at least 50%  
of the 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\*\*\***

***Include all subcontractors, regardless of whether they are SWaM certified***

Vendor Name	SWaM Certified (Y/N)	Certification Number	SWaM Status (M, S, or W)	Scope of Work to be Performed	Estimated Subcontract Dollar Amount	MBE Coordinator 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 Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Representative (Prime)    Signature

\_\_\_\_\_  
Date