



**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	<b>MBE Coordinator Approval (FOR OFFICE USE ONLY)</b>	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