| MBE GOAL SETTING MODEL ANALYSIS FORM | | | | | | | | | | | | |
|--|---|---|------------------------|------|-----------|-----------------------------------|----------------------|-----------|--------------|------------------------------|-----|--|
| Date submitted to IAC: | | | | | | Date submitted to GOSBA: | | | | | | |
| SECTION I (to be completed by LEA) | | | | | | | | | | | | |
| LE | A Name: | Montgo | mery County PSC #: | | | | Anticipated Bid Date | | | | | |
| Project Name: Goshe | | | n Elementary School | | | | Proj | ect Type | Elevator Mo | dernization | | |
| Address of project: 8701 Warfield Road | | | | | | | | | | | | |
| Project delivery method Gaithersburg, Maryland 20882 | | | | | | | | | | | | |
| Cost estimate for total project (without alternates): | | | | | | \$450,000 | | | | | | |
| Date of cost estimate: | | | | | | | | | | | | |
| SECTION II (to be completed by LEA) | | | | | | | | | | | | |
| A. Describe the process and information reviewed and analyzed for this specific project. Attach | | | | | | | | | | | | |
| | additional sheets as needed. | | | | | | | | | | | |
| 1. | Identify those portions of the work that could potentially be performed by certified minority firms, including | | | | | | | | | | | |
| | MBE suppliers. | | | | | | | | | | | |
| 2. | Identify geographic factors that were considered. | | | | | | | | | | | |
| 3. | Summarize information that was obtained utilizing the MDOT Directory. | | | | | | | | | | | |
| 4. | Summarize information that was obtained related to similar projects in the jurisdiction where goals were set | | | | | | | | | | | |
| | | a State government department, agency, or another entity. | | | | | | | | | | |
| 5. | Identify information that was utilized in the jurisdiction for similar past projects for which a State government | | | | | | | | | | | |
| | department, agency, or another entity set MBE goals and subgoals. | | | | | | | | | | | |
| B. | Based upon the above analysis it has been determined that: (Place an "X" in the appropriate box below and complete the appropriate percentage in the blank provided) | | | | | | | | | | | |
| 1. | The overall MBE subcontracting goal for this project will be 10% percent with a subgoal of percent | | | | | | | | | | | |
| | for African American-owned businesses and a subgoal of percent for Women-owned businesses. | | | | | | | | | | | |
| 2. | There will not be any MBE subcontracting goal or subgoals for this specific project. | | | | | | | | | | | |
| Date that MBE Goal Setting Analysis was completed: 10/14/2025 | | | | | | | | | | | | |
| Provide the names of the individuals who participated in the review and analysis process (Note: This line can be | | | | | | | | | | | | |
| expanded in electronic format): | | | | | | | | | | | | |
| Theresa Miller Angela McIntos | | | | | | | is | Darre | Caleb | | | |
| Section II reviewed by: | | | Print name | | | Signature | | | | Date | | |
| MBE Liaison: | | | Theresa Miller | | | | Threes & miller | | | 10/14/25 | | |
| Contact telephone #: | | | 240-740-7722 Contact e | | | -mail address: Theresa_G_Miller@m | | | Miller@mcp | smd.org | | |
| Procurement Officer: | | | Angela McIntosh-Davis | | | arch M. wayes | | | Wards | 10/14/25 | | |
| C | ontact teleph | one #: | 240-740-7 | 7533 | Contact e | -mail ad | dress: | Angela_S_ | Mcinotsh-dav | M. A. Service and A. Service | org | |