

# Office of Equal Business Opportunity (EBO)

## PROJECT TASK WORKSHEET

PROJECT TITLE:  
 CONTRACT NUMBER:  
 PROJECT ESTIMATE:

PAGE: \_\_\_\_ OF \_\_\_\_  
 FEDERALLY FUNDED YES:\_\_\_ NO:\_\_\_\_\_  
 If YES, Name Agency:\_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ FOR \_\_\_\_\_

PROJECT TASK	SCOPE OF TASK	ESTIMATED TASK AMOUNT AND %		NIGP Codes	SUBCONTRACTIBLE DOLLAR AMOUNT	CONTRACTOR'S QUALIFICATIONS	COMMENTS/SPECIAL CONDITIONS
TOTAL:			100%				

Must provide rationale for exemptions, exclusions, exceptions and prime contractor designations:

PREPARED BY (Name and Title): \_\_\_\_\_ DATE: \_\_\_\_\_

Office of Equal Business Opportunity (EBO)

PROJECT TASK WORKSHEET

PROJECT TITLE: **1**  
 CONTRACT NUMBER: **2**  
 PROJECT ESTIMATE: **3**

SAMPLE

PAGE: \_\_\_ OF \_\_\_  
 FEDERALLY FUNDED YES:\_\_\_ NO:\_\_\_  
 If YES, Name Agency: \_\_\_\_\_ **6**

SUBMITTED BY: \_\_\_\_\_ FOR \_\_\_\_\_

PROJECT TASK	SCOPE OF TASK	ESTIMATED TASK AMOUNT AND %		NIGP Codes	SUBCONTRACTIBLE DOLLAR AMOUNT	CONTRACTOR'S QUALIFICATIONS	COMMENTS/SPECIAL CONDITIONS
<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>19</b>	<b>12</b>	<b>13</b>	<b>14</b>

**INSTRUCTIONS For Completing FORM MBD 80:**

- |   |  |
|---|--|
| 1. Enter the official project name  | 12. Of the estimated task amount, enter the subcontractible amount in dollars  |
| 2. Enter the official project number  | 13. Mention any special contractor qualifications needed for this work   |
| 3. Enter the full estimated value of the project based on the <b>attached*</b> Engineer's Estimate or Project Budget Detail | 14. Indicate any comments or special conditions, provide justification for any tasks deemed not subcontractible      |
| 4. Enter current page number and total number of pages  | 15. For the estimated task amount and subcontractible dollar amount columns, enter each column total, respectively   |
| 5. Indicate whether this project is federally funded  | 16. Provide rationale for exemptions, exclusions, exceptions and prime contractor designations in the space provided |
| 6. If federal funds are involved, name the agency   | 17. <b>P R I N T</b> the first and last name, also Job Title of the preparer of this document                        |
| 7. Indicate which department is initiating this form  | 18. Record the date this document was prepared   |
| 8. Indicate all tasks to be performed   | 19. Indicate the NIGP Code related to the Scope of Work  |
| 9. Describe scope of work involved in the task  | <b>* - Each Project Task Worksheet must be accompanied by an Engineer's Estimate or Project Budget Detail</b>        |
| 10. Record the estimated dollar value of the task   |  |
| 11. Enter percentage of the project estimate the estimated task amount task represents                                      |  |

TOTAL:		<b>15</b>	100%		<b>15</b>		
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Must provide rationale for exemptions, exclusions, exceptions and prime contractor designations:

**16**

PREPARED BY (Name and Title): **17**

DATE: **18**