



**CM @ RISK  
STATEMENT OF COMMITMENT TO FULFILL  
THE ESTABLISHED M/WBE ASSISTANCE LEVELS**

STATE OF \_\_\_\_\_:

COUNTY OF \_\_\_\_\_:

SS

I hereby declare and affirm that I, \_\_\_\_\_ of  
(CM @ Risk Agent/Officer's Name)

\_\_\_\_\_  
(Construction Manager)

am duly authorized to execute this Statement of Commitment to fulfill the M/WBE Assistance Levels of \_\_\_\_\_ percent ( \_\_\_\_\_ %) African American, \_\_\_\_\_ ( \_\_\_\_\_ %) Hispanic and ( \_\_\_\_\_ %) Women, for a total of \_\_\_\_\_ percent ( \_\_\_\_\_ %), established for Miami-Dade County Public School Project, \_\_\_\_\_  
(Project Name and Number)

In addition, I the undersigned, understand that, pursuant to the DESIGN-BUILD, CONSTRUCTION MANAGEMENT (CM) AT-RISK AND OTHER NON-CONVENTIONAL CONSTRUCTION METHODS, SPECIAL PROVISION FOR COMPLIANCE WITH M/WBE SUBCONTRACTING ASSISTANCE LEVELS, the Division of Business Development and Assistance will quarterly, throughout the conclusion (substantial conclusion) of the above referenced project, determine the Construction Manager's level of success in achieving the M/WBE Assistance Levels, and failure to comply with the established M/WBE Assistance Levels will be deemed a default under the contract and sanctions for violations will be imposed as set forth therein.

(Corporate Seal)

\_\_\_\_\_  
(CM @ Risk Agent/Officer's Signature)

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, \_\_\_\_\_  
Print name(s) of signer(s)

personally appeared before me, as the signer(s) of the attached instrument, and he/she/they acknowledged that he/she/they signed the instrument voluntarily for the purpose expressed in it, who is personally known to me or has produced \_\_\_\_\_

\_\_\_\_\_  
Type of Identification ID#/Expiration Date

\_\_\_\_\_  
Signature of Notary

(Seal)

\_\_\_\_\_  
Printed Name of Notary