

DBE PLAN UTILIZATION FORM

PLEASE SUBMIT A SEPARATE FORM FOR EACH SUB-CONTRACTOR/SUPPLIER.

Proposer: _____

Address: _____

Phone: _____ - _____ - _____ IFB Number: _____

IFB Name: _____

DBE SUBCONTRACTORS INTENDED TO BE UTILIZED ON THE PROJECT

Name of DBE Subcontractor/Supplier: _____

Address: _____

Phone: _____ - _____ - _____ Is the sub-contractor a certified DBE? ____ Yes ____ No

If yes, please provide a copy of your certification letter or certificate.

DBE Certification Number: _____

Dollar amount of contract with sub-contractor/supplier: _____%

Percentage amount of contract with sub-contractor/supplier: _____%

Description of scope of work performed under agreement with the sub-contractor for amount indicated above:

DBE OUTREACH EFFORTS COMPLIANCE STATEMENT

In conjunction with the bid submitted in response to IFB _____, I state following:

1. Bid/Bidder identified opportunities to subcontract in these specific work categories.
 - a.
 - b.
 - c.
2. Attached to this form are copies of written solicitation (with instructions) used to solicit certified DBEs for these subcontract opportunities. (this item is optional for the initial solicitation phase, but must the information must be provided within 10 days of contract award).
3. Bidder made the following attempts to contact personally the solicited DBEs.
4. Bidder assisted DBEs to fulfill or to seek waiver of bonding requirements. (describe efforts)
5. Bidder DID DID NOT attend the pre-bid conference.

Bidder/Company Name

Signature of Affiant

Address

Name, Title

Date

Email address

**FNSB CONSULTANT'S DBE/SUBCONSULTANT
PROPOSED UTILIZATION FORM**

Must be provided by the Offeror as an attachment to RFP

RFP #: _____ DBE: Yes No

Offeror Firm Name: _____ Phone: _____

Contact Person: _____ E-mail: _____

TOTAL ANTICIPATED DBE % PARTICIPATION FOR THIS RFP

D B E	S B E	Firm Name	Description of Work	Anticipated \$ Value
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
Total Anticipated \$ Value				

Note: This information is used to track and report anticipated DBE/SBE participation in all FTA-assisted funding contracts. The anticipated DBE/SBE amount is voluntary and will not become a part of the contractual terms.

For a complete list of Certified firms and company designation (DBE/SBE) to <http://www.dot.state.ak.us/cvlrts/directory.shtml>

PROMPT PAYMENT CERTIFICATION FEDERAL-AID PROJECTS WITH DBE GOALS

In accordance with the requirements of the DBE special provision and the prompt payment clause under 49 CFR 26.29 and related special provisions, submit this certification form to the FNSB Project Manager prior to the end of every month following the month payments were received from the FNSB, and the month following the month when final acceptance occurred at the end of the project. (Final submission may be made prior to final acceptance if all subcontractor work and supplier material furnished for the project is complete and the subcontractors and suppliers final payments have been made in full.) The FNSB Project Manager may withhold payments or suspend work for failure to submit this form or provide prompt payment in accordance with the contract. This certification is applicable to materials the Contractor purchases to remain as part of the final project and to first tier subcontractors on the project. (Subcontractors and suppliers are to comply with the prompt payment requirements.)

The following firms have been paid:

Firm	Date and Amount of Payment

Certification

"I certify that to the best of my knowledge and with the exception of those subcontractors or suppliers listed below, all subcontractors and suppliers have been paid in accordance with the contract (30 days after receiving payment for the work performed by the subcontractor) and that any retainage held on a subcontractor or supplier's work has been released within 30 days after satisfactory completion of all of the subcontractors' or suppliers' work."

Project Name: _____ **IFB #** _____

Estimate Period: _____ **or** _____
 Month, Year Final Subcontractor and Supplier Payment Date

 Signature Title Date

Printed Name: _____

The following firms have not been paid for reasons listed:

Firm	*Reason for Non-Payment

* Only reasons based on dispute on subcontractor or supplier noncompliance may be accepted.

This certification is for FNSB information only and does not place any obligations on the part of the FNSB with regard to any part, including but not limited to, any subcontractor and Contractor's surety.