

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**ANTICIPATED DBE PARTICIPATION STATEMENT**  
**FOR**  
**DESIGN-BUILD CONTRACTS**

275-021-23  
 EQUAL OPPORTUNITY OFFICE  
 06/11

**BUILD PORTION**  
 (Page 1 of 2)

1. FINANCIAL PROJECT NO.	2. FAP NO.	3. CONTRACT NO.	4. COUNTY(IES)	5. DISTRICT
6. PRIME CONTRACTOR NAME			7. FEID NUMBER	
8. TOTAL CONSTRUCTION DOLLAR AMOUNT (Excluding Design)			9. REVISION? ____ IF YES, REVISION NUMBER: _____	
10. IS THE PRIME CONTRACTOR A FLORIDA CERTIFIED "DBE"? (DISADVANTAGED BUSINESS ENTERPRISE)		<input type="checkbox"/> NO <input type="checkbox"/> YES	11. TOTAL FDOT CONTRACT DOLLAR AMOUNT (DESIGN + CONSTRUCTION) <b>\$0.00</b>	
12. ANTICIPATED DBE SUBCONTRACTS FOR BUILD PORTION:				
DBE SUBCONTRACTOR or SUPPLIER		TYPE OF WORK/SPECIALTY	DOLLAR AMOUNT	PERCENT OF CONTRACT DOLLARS
A	NAME: FEID:	WORK: SPEC CODE:		
B	NAME: FEID:	WORK: SPEC CODE:		
C	NAME: FEID:	WORK: SPEC CODE:		
D	NAME: FEID:	WORK: SPEC CODE:		
E	NAME: FEID:	WORK: SPEC CODE:		
F	NAME: FEID:	WORK: SPEC CODE:		
G	NAME: FEID:	WORK: SPEC CODE:		
H	NAME: FEID:	WORK: SPEC CODE:		
BUILD PORTION			TOTAL BUILD PORTION \$0.00	TOTAL PERCENT OF CONTRACT
DESIGN PORTION			TOTAL DESIGN PORTION \$0.00	TOTAL PERCENT OF CONTRACT 0.00%
TOTAL AMOUNT (DESIGN + BUILD)			TOTAL DOLLARS TO DBE'S \$0.00	TOTAL PERCENT OF CONTRACT 0.00%

**PLEASE COMPLETE DESIGN PORTION ON NEXT PAGE**

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**DESIGN PORTION**  
 (Page 2 of 2)

1. FINANCIAL PROJECT NO.	2. FAP NO.	3. CONTRACT NO.	4. COUNTY(IES)	5. DISTRICT
6. LEAD DESIGN CONSULTANT NAME			7. FEID NUMBER	
8. TOTAL DESIGN DOLLAR AMOUNT			9. REVISION? ____ IF YES, REVISION NUMBER: _____	
10. IS THE LEAD DESIGN CONSULTANT A FLORIDA CERTIFIED "DBE"? (DISADVANTAGED BUSINESS ENTERPRISE)		<input type="checkbox"/> NO <input type="checkbox"/> YES		

11. ANTICIPATED DBE SUBCONTRACTS FOR DESIGN PORTION:				
	DBE SUBCONSULTANT	TYPE OF WORK/SPECIALTY	DOLLAR AMOUNT	PERCENT OF CONTRACT DOLLARS
A	NAME: FEID:	WORK: SPEC CODE:		
B	NAME: FEID:	WORK: SPEC CODE:		
C	NAME: FEID:	WORK: SPEC CODE:		
D	NAME: FEID:	WORK: SPEC CODE:		
E	NAME: FEID:	WORK: SPEC CODE:		
			TOTAL DOLLARS TO DBE'S	TOTAL PERCENT OF CONTRACT
			\$0.00	

**THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY**  
**PRIME CONSTRUCTION CONTRACTOR**

12. SUBMITTED BY		13. DATE	14. TITLE OF SUBMITTER	
15. EMAIL ADDRESS OF SUBMITTER		16. FAX NUMBER	17. PHONE NUMBER	

**NOTE: THIS INFORMATION IS USED TO TRACK AND REPORT ANTICIPATED DBE PARTICIPATION IN ALL STATE AND FEDERALLY FUNDED FDOT CONTRACTS. THE ANTICIPATED DBE AMOUNT IS VOLUNTARY AND WILL NOT BECOME A PART OF THE CONTRACTUAL TERMS. THIS FORM MUST BE SUBMITTED AT THE PRE CONSTRUCTION OR PRE WORK CONFERENCE. FDOT STAFF FORWARDS THE FORM TO THE EQUAL OPPORTUNITY OFFICE.**

THE FOLLOWING SECTIONS ARE FOR FDOT USE

DIST	18. PROCESSED BY	19. DATE TO EO OFFICE	20. LETTING DATE	21. EXECUTED DATE	22. PRECON CONF DATE
	23. SUBMITTED TO EO BY		<input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> SHARED FOLDER		