

ANTICIPATED DBE PARTICIPATION STATEMENT

Financial Project Number: _____

Contract Number: _____

Federal Aid Project Number (if applicable): _____

Prime Contractor Name: _____

Contract Dollar Amount: _____

Is the prime contractor a Florida Department of Transportation Certified Disadvantaged Business Enterprise (DBE)?
(yes) (no)

Expected amount of contract dollars to be subcontracted to DBE(s): \$ _____

It is our intent to subcontract _____ % of the contract dollars to DBE(s). Listed below are the proposed DBE sub-contractors:

<u>DBE (s) Name</u>	<u>Type of Work/Specialty</u>	<u>Dollar Amount/Percentage</u>

Submitted by: _____ Title: _____

E-mail Address: _____ Telephone Number: _____

Fax Number: _____ Date: _____

Note: This information is used to track and report anticipated DBE participation in **all state and federally funded FDOT contracts**. The **anticipated DBE amount will not become a part of the contractual terms**.

This form must be submitted at the pre-construction or pre-work conference. DOT staff must forward this to the Equal Opportunity Office, 605 Suwannee Street, MS 65 Tallahassee, FL 32399-0450 or fax to (850) 414-4879. If you have any questions, please contact the EOO at (850) 414-4747.