**COMMITMENT TO SUBCONTRACT TO DBE**

Wisconsin Department of Transportation

Contractor:

**BOA Airport/Sponsor:**

Project:

County:

Letting Date:

Total $ Amount of Prime Contract:

Total $ Amount of DBE Goal:

DBE Goal as %: (percentage)%

This contract requires that a specified percentage of the work be subcontracted to a disadvantaged business enterprise (DBE), and that this information is submitted within **10 Business days** after the notification of contract award. Completion of the following information indicates your intent in the fulfillment of these contract requirements.

**This form must be completed and returned for this contract. See reverse side for instructions.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NAME OF ETHNIC OWNED DBE SUBCONTRACTOR | | |  | TYPE OF WORK |  | SUBCONTRACT $ VALUE |
| A | V | (Excluding Trucking) |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A | V | NAME OF ETHNIC OWNED DBE TRUCKING FIRM |  | MATERIAL HAULED |  | EST. OF TON/C.Y. |  | EST. OF NO. OF TRUCKS REQ’D |  | $ VALUE |
|  |  |  |  |  |  |  |  | O= L= |  |  |
|  |  |  |  |  |  |  |  | O= L= |  |  |
|  |  |  |  |  |  |  |  | O= L= |  |  |
| A | | | | | | | |  |  | |
| TOTAL ETHNIC OWNED DBE $ VALUE V | | | | | | | |  | TOTAL \_\_\_\_\_\_\_\_\_% | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NAME OF WOMEN OWNED DBE SUBCONTRACTOR | | |  | TYPE OF WORK |  | SUBCONTRACT $ VALUE |
| A | V | (Excluding Trucking) |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A | V | NAME OF WOMEN OWNED DBE TRUCKING FIRM |  | MATERIAL HAULED |  | EST. OF TON/C.Y. |  | EST. OF NO. OF TRUCKS REQ’D |  | $ VALUE |
|  |  |  |  |  |  |  |  | O= L= |  |  |
|  |  |  |  |  |  |  |  | O= L= |  |  |
|  |  |  |  |  |  |  |  | O= L= |  |  |
| A | | | | | | | |  |  | |
| SUBTOTAL WOMEN OWNED DBE $ VALUE V | | | | | | | |  | TOTAL \_\_\_\_\_\_\_\_\_\_ % | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A | V | NAME OF SUPPLIER  (Nonmanufacturing) |  | WOMEN OWNED DBE |  | DBE |  | TYPE OF WORK |  | SUBCONTRACT $ VALUE |  | X0.60 |  | CREDITED $ VALUE |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL SUPPLIER DBE **ASSIGNED** $ VALUE | | | | | | | | | |  | TOTAL **A**\_\_\_\_\_\_\_\_\_\_\_\_% | | | |
| TOTAL SUPPLIER DBE **VOLUNTARY** $ VALUE | | | | | | | | | |  | TOTAL **V**\_\_\_\_\_\_\_\_\_\_\_\_% | | | |

I certify that arrangements have been made for the foregoing work with the listed DBE Contractors. I further understand that any willful falsification, fraudulent statement or misrepresentation will result in appropriate sanctions which may include debarment and/or prosecution under applicable State (Wis. Admin. Trans §504.05 (1983)) and Federal laws.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Manager Use:** | | | **BOA Office Use:** | |
| (First) Block Grant Year, if any: 20\_\_\_\_ | | | Total Assigned (RC): $\_\_\_\_,\_\_\_\_\_.\_\_\_\_ | |
| (First) Block Grant Number, if any \_\_\_\_\_ | | | Total Voluntary (RN): $\_\_\_\_,\_\_\_\_\_.\_\_\_\_ | |
| % of Federal $ in this Contract: \_\_\_.\_\_\_% | | | Date to BTS for Approval: | |
|  | | | \_\_\_\_/\_\_\_\_\_/\_\_\_\_ | |
| **BTS Office Use:** | | Date of BTS decision: \_\_\_\_/\_\_\_\_\_/\_\_\_\_ | | |
| Approved, as is OR | Good Faith Waiver granted | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

X

(Authorized Agent) (Date)

**Mail to:**

Wisconsin Department of Transportation

Attn: Shannon Clary, Equal Rights Officer

Bureau of Aeronautics, Room 701

Post Office Box 7914

Madison, WI 53707-7914

A = Assigned (Race Conscious)

V = Voluntary (Race Neutral)

BTS =Bureau of Technical Services

**O = Owned Trucks Used on Project L = Leased Trucks Used on Project**

INSTRUCTIONS

1 In accordance with the new DBE regulations, 49 C.F.R. §26(C) (2003), WisDOT is tracking assigned goals for DBE’s (Race Conscious) and voluntary usage of DBE firms (Race Neutral). DBE participation reported on this form will be used to periodically adjust race conscious and race neutral components of WisDOT’s overall annual DBE goal.

2 For each DBE firm listed on this form, place an “x” in the appropriate column to indicate whether it will be used to meet the “Assigned Goal” (A) and/or whether it is used on a “Voluntary basis” (V). Any achievement above assigned goals should be reported as a voluntary achievement. If you indicate that a firm will be used to meet both assigned and voluntary goals, indicate the dollar amount attributable to assigned goals. DBE usage to meet assigned goals is enforceable. It is important to report the use of DBE’s on a voluntary basis since they count toward meeting the overall annual DBE goal. Failure to meet voluntary goals could result in an increase of assigned (Race Conscious) goals for future lettings. Our objective is to capture all DBE achievement you generate.

3 DBE regulations 49 C.F.R. §26.53 (2003), requires written confirmation of participation from each DBE firm to be used on the contract. Please submit one copy of “Attachment A”, “Confirmation of Participation”, for each DBE firm to be used on this contract.

4 If you have questions about filling out this form, please contact the DBE Programs Office at (608) 266-6961 or (608) 264-7701.

**COMMITMENT TO SUBCONTRACT TO DBE**

**ATTACHMENT A**

**CONFIRMATION OF PARTICIPATION**

|  |  |
| --- | --- |
| Project | Proposal |
| Letting Date | Total of Prime Contract |

|  |
| --- |
| DBE Firm Participating in This Contract |
| DBE Firm Performing Work |
| Type of Work |
| Dollar Amount |

**Truckers Only**

|  |
| --- |
| Number of Owned Trucks on Project |
| Number of Leased Trucks on Project |

(Print Name) (Print Name)

(Prime Contractor Signature) (DBE Subcontractor Signature)

(Date) (Date)

**NOTE:** A minimum of one truck owned by the DBE must be used on the project. Full DBE credit is given for owned trucks and leased trucks from another DBE.

Trucks leased from non-DBE firm will be given DBE credit only for the fee charged by the DBE.