



## DISADVANTAGED BUSINESS ENTERPRISE (DBE) FORM 1: UTILIZATION COMPLIANCE

Procurement: \_\_\_\_\_ Procurement #: \_\_\_\_\_

Bidder/Proposer: \_\_\_\_\_ DBE Goal on Solicitation: \_\_\_\_\_%

I, the Bidder/Proposer, will satisfy the DBE requirements of the solicitation in the following manner and have included the required documentation itemized under the selected Scenario.

**Select only one:**

- Scenario 1 – Meet or Exceed Goal as a Disadvantaged Business Enterprise Prime Contractor:**  
I, the bidder/proposer, am a New York State Certified DBE firm and am committed to achieving at least the minimum DBE Utilization Goal set forth in the solicitation if awarded this contract and have:
  - Deducted the value of non-DBE subcontractor(s) in calculating value of DBE utilization.
  - Attached proof of current DBE certification.
  - Included **Form 3: Contractor’s Utilization Plan** listing all subcontractors, regardless of certification, to be utilized on this contract, if awarded.
  
- Scenario 2 – Meet or Exceed Goal through Subcontracting:**  
I, the bidder/proposer, am committed to achieving at least the minimum DBE Utilization Goal set forth in the solicitation through the use of NYS Certified DBE subcontractors if awarded this contract and have:
  - Completed and enclosed **Form 2: Letter of Intent** for each subcontractor to be utilized if awarded this contract.
  - Included **Form 3: Contractor’s Utilization Plan** listing all subcontractors, regardless of certification, to be utilized on this contract, if awarded.
  
- Scenario 3 – Utilizing DBE Subcontractors but Not Meeting Goal:**  
I, the bidder/proposer, am unable to meet the DBE Utilization Goal stated in the solicitation, however, I am committed to a minimum of \_\_\_\_\_% DBE Utilization if awarded this contract and have:
  - Completed and enclosed **Form 2: Letter of Intent** for each subcontractor to be utilized if awarded this contract.
  - Included **Form 3: Contractor’s Utilization Plan** listing all subcontractors, regardless of certification, to be utilized on this contract, if awarded.
  - Attached **Form 4: Application for Waiver** for the unfulfilled portion of the DBE goal.
  
- Scenario 4 – No DBE Utilization:**  
I, the bidder/proposer, am unable to meet the DBE goal stated in the solicitation and am unable to identify any DBE subcontractors to be utilized if awarded this contract and have:
  - Included **Form 3: Contractor’s Utilization Plan** listing all subcontractors, regardless of certification, to be utilized on this contract, if awarded
  - Attached **Form 4: Application for Waiver** for the unfulfilled DBE Goal.

Signature of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title of Contractor's Authorized Official: \_\_\_\_\_



## DISADVANTAGED BUSINESS ENTERPRISE (DBE) FORM 2: LETTER OF INTENT

**Instructions:** Complete, Sign & Submit One Letter of Intent for EACH DBE Subcontractor

Bidder/Proposer: \_\_\_\_\_

DBE Subcontractor: \_\_\_\_\_

**DBE Contact Information:**

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Certified Ethnicity: \_\_\_\_\_ Certified Gender: \_\_\_\_\_

Description of Work to be Performed by DBE Firm:

The bidder/proposer is committed to utilizing the above-named DBE firm for the work described above if awarded a contract.

Estimated Dollar Value of Work: \$\_\_\_\_\_. Estimated Percentage of Total Contract Value: \_\_\_\_%.

**Affirmation**

The above-named DBE firm affirms that it will perform the portion of the contract work described above for the estimated dollar value stated above.

**Signature of DBE Firm’s Authorized Representative:** \_\_\_\_\_

**Print Name of Authorized Representative:** \_\_\_\_\_

**Title of Authorized Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Note:** *If the bidder/proposer does not receive award of the prime contract, any and all representations in this Letter of Intent and Affirmation shall be null and void.*



# FORM 3: CONTRACTOR'S UTILIZATION PLAN

**Include ALL Subcontractor's Utilized  
Regardless of Certification Status**

<b>Bidding Firm:</b>	<b>Procurement Name:</b>	<b>Date:</b>

Subcontractor/Supplier Name and Address:	Certification (check all that apply):	If DBE, Provide Gender & Ethnicity:	Description of Work:	Estimated Dollar & Percentage Value:
1 Contact Name: _____ Phone #: _____ Email: _____ Federal ID #: _____	<input type="checkbox"/> Not Certified  <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB <input type="checkbox"/> DBE	<input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Black American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Subcontinent Asian American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Non Minority		Signed Letter of Intent <input type="checkbox"/> Yes <input type="checkbox"/> No

Subcontractor/Supplier Name and Address:	Certification (check all that apply):	If DBE, Provide Gender & Ethnicity:	Description of Work:	Estimated Dollar & Percentage Value:
2 Contact Name: _____ Phone #: _____ Email: _____ Federal ID #: _____	<input type="checkbox"/> Not Certified  <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB <input type="checkbox"/> DBE	<input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Black American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Subcontinent Asian American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Non Minority		Signed Letter of Intent <input type="checkbox"/> Yes <input type="checkbox"/> No

Subcontractor/Supplier Name and Address:	Certification (check all that apply):	If DBE, Provide Gender & Ethnicity:	Description of Work:	Estimated Dollar & Percentage Value:
3 Contact Name: _____ Phone #: _____ Email: _____ Federal ID #: _____	<input type="checkbox"/> Not Certified  <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOB <input type="checkbox"/> DBE	<input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Black American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Subcontinent Asian American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Non Minority		Signed Letter of Intent <input type="checkbox"/> Yes <input type="checkbox"/> No

My company proposes to utilize the above-listed firms as subcontractors if awarded a contract.

Name of Person Submitting Form: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by RGRTA:	Date:	Accepted:
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## FORM 4: APPLICATION FOR WAIVER

<b>Section 1: Basic Information</b>			
Contractor's Name:		Federal Identification Number:	
Street Address:		E-Mail Address:	
City, State, Zip Code:		Telephone: (    )    -	
Procurement Name and Number:		DBE Goal	
		%	
<b>Section 2: Type of DBE Waiver Requested</b>			
<input type="checkbox"/> Total	<input type="checkbox"/> Partial	If partial waiver, please enter the revised DBE percentage:	%
Please explain the reason for the waiver request:			
<b>Section 3: Supporting Documentation</b>			
Provide the following documentation as evidence of your good-faith efforts to meet the DBE goal set forth in the solicitation and in support of your waiver application:			
<input type="checkbox"/> <b>Attachment A.</b> List of Firms Contacted, Demonstration of Efforts. See Form in this Packet. <input type="checkbox"/> <b>Attachment B.</b> Identify efforts to create subcontracting opportunities within the scope of work. <input type="checkbox"/> <b>Attachment C.</b> Other information deemed relevant to the request.  <input type="checkbox"/> <b>I did / did not attend a pre-bid, pre-award or other meeting(s) scheduled by RGRTA which included DBE firms interested/available to subcontract. Date of Meeting:</b> _____ (or N/A.)			
<b>Section 4: Signature and Contact Information</b>			
By signing and submitting this form, the contractor certifies that a good-faith effort has been made to promote DBE participation pursuant to the DBE requirements set forth under the solicitation or Contract. Failure to submit complete and accurate information may result in a finding of non-compliance, non-responsibility, and a suspension or termination of the contract.			
Prepared By: (Signature)			Date:
Name and Title of Preparer (Print or Type)			

<b>For RGRTA Use Only</b>			
Reviewed By:		Date:	
Decision:			
<input type="checkbox"/> Full DBE waiver granted <input type="checkbox"/> Partial DBE waiver granted; revised DBE goal: _____ % <input type="checkbox"/> DBE waiver denied			
Approved By:		Date:	
Date Notice of Determination Sent:			
Comments			



## FORM 4: APPLICATION FOR WAIVER

### Attachment A: DBE Firms Contacted

Name of Firm:	_____
Address:	_____
City, State, Zip:	_____
Name of Contact:	_____
Contact E-Mail:	_____ Phone #:
Description of Work to be Completed by DBE:	_____
Reason DBE will not be used:	_____
Supporting Documentation Attached:	<input type="checkbox"/> E-mail Communication <input type="checkbox"/> Call Logs <input type="checkbox"/> Other _____

Name of Firm:	_____
Address:	_____
City, State, Zip:	_____
Name of Contact:	_____
Contact E-Mail:	_____ Phone #:
Description of Work to be Completed by DBE:	_____
Reason DBE will not be used:	_____
Supporting Documentation Attached:	<input type="checkbox"/> E-mail Communication <input type="checkbox"/> Call Logs <input type="checkbox"/> Other _____

Name of Firm:	_____
Address:	_____
City, State, Zip:	_____
Name of Contact:	_____
Contact E-Mail:	_____ Phone #:
Description of Work to be Completed by DBE:	_____
Reason DBE will not be used:	_____
Supporting Documentation Attached:	<input type="checkbox"/> E-mail Communication <input type="checkbox"/> Call Logs <input type="checkbox"/> Other _____

PLEASE MAKE ADDITIONAL COPIES OF THIS FORM IF NEEDED