# COMMITMENT TO SUBCONTRACT TO DBE

Wisconsin Department of Transportation

Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This contract requires that a specified percentage of the work be subcontracted to a disadvantaged business enterprise. This information must be submitted within **5 business days** after the bid opening. Completion of the following information indicates your intent to fulfill these contract requirements.

**Bureau of Aeronautics**

Airport/Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Total $ Amount of Prime Consultant Contract: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total $ Amount of DBE Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DBE Goal as %: \_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_\_%

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME OF ETHNIC OWNED DBE SUBCONSULTANT |  | TYPE OF WORK |  | SUBCONTRACT $ VALUE |
| A | V |   |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| SUBTOTAL ETHNIC OWNED DBE **ASSIGNED** $ VALUE |  | TOTAL **A** \_\_\_\_\_\_\_\_\_% |
| SUBTOTAL ETHNIC OWNED DBE **VOLUNTARY** $ VALUE |  | TOTAL **V** \_\_\_\_\_\_\_\_\_%  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME OF WOMEN OWNED DBE SUBCONSULTANT |  | TYPE OF WORK |  | SUBCONTRACT $ VALUE |
| A | V |   |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| SUBTOTAL WOMEN OWNED DBE **ASSIGNED** $ VALUE |  | TOTAL **A**\_\_\_\_\_\_\_\_\_\_% |
| SUBTOTAL WOMEN OWNED DBE **VOLUNTARY** $ VALUE |  | TOTAL **V**\_\_\_\_\_\_\_\_\_\_ % |

I certify that arrangements have been made for the foregoing work with the listed DBE Contractors. I understand that any willful falsification, fraudulent statement or misrepresentation will result in appropriate sanctions which may include debarment and/or prosecution under Wis. Admin. Code Trans §504.05 and §504.06 (2012), and federal laws.

 X

A = Assigned (Race Conscious)

V = Voluntary (Race Neutral)

 (Authorized Agent) (Date)

|  |  |
| --- | --- |
| **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 BEES for Approval: |
|  |  \_\_\_\_/\_\_\_\_\_/\_\_\_\_ |
| **BEES Office Use:** | Date of BEES decision: \_\_\_\_/\_\_\_\_\_/\_\_\_\_ |
| Approved, as is OR | Good Faith Waiver granted |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**INSTRUCTIONS**

**Mail to:**

Wisconsin Department of Transportation

Attn: Shannon Clary, DBE Program Manager

Bureau of Aeronautics, Room 701

Post Office Box 7914

Madison, WI 53707-7914

1. In accordance with DBE Regulations in 49 C.F.R. §26 (2000), 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, show 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. 49 C.F.R. §26.53 (2000), 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) 264-9528 or Bureau of Aeronautics DBE Program Office at (608) 264-7607.

**COMMITMENT TO SUBCONTRACT TO DBE**

**ATTACHMENT A**

**CONFIRMATION OF PARTICIPATION**

|  |  |
| --- | --- |
| Airport:  | Project #: |
| Letting Date:  | Total of Prime Consultant Contract: $ |

I certify that will be participating in this contract.

 (DBE Firm)

 will be performing at an estimated cost of

 (DBE Firm) (Type of Work)

 .

 (DBE Dollar Amount)

 (Print Name) (Print Name)

 (Prime Consultant Signature) (Signature DBE Subcontractor)

 (Date) (Date)

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 (Print Name) (Print Name)

 (Prime Consultant Signature) (Signature DBE Subcontractor)

 (Date) (Date)