Disadvantaged Business Enterprise (DBE) Program

DBE Form 5: Schedule of Non-Selected Subcontractors

An Excel spreadsheet with the same information can be used in lieu of this form

v.4.9.2026

Copy this side of Form 5 as needed.

DBE Vendor Name & Address (Include Zip Code)	Annual Gross Receipt	Firm Age (in years)	Description of Work/Materials	NAICS Code	Reporting Number	Reason not Selected?

The Undersigned certified that the firm(s) above was (were) contacted, in good faith, and that said firm(s) was (were) not selected to participate in this contract.

_____	_____	_____	_____
Authorized Signature	**Printed Name**	**Title**	**Date**