



## Disadvantaged Business Enterprise Program DBE Form 2: Solicitation Form

(an excel spreadsheet with the same information can be used in lieu of this form)  
Copy **this side** of Form 2 as needed, to document DBE contacts.

v.9.10.14

<b>Bidder Name:</b>		<b>Bid Date:</b>	
<b>Project Name:</b>			
<b>Project Number:</b>			

<b>DBE Firm:</b>		<b>Contact Person:</b>	
<b>Scope of Work:</b>		<b>NAICS Code:</b>	
<b>Initial Contact:</b>	<i>Date:</i> _____	<i>Method:</i> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Courier	
<b>Follow-up:</b>	<i>Date:</i> _____	<i>Method:</i> <input type="checkbox"/> Phone <input type="checkbox"/> In person	
<b>Response:</b>	<input type="checkbox"/> No response <input type="checkbox"/> Not bidding <input type="checkbox"/> Is bidding \$ _____ <input type="checkbox"/> Other ( <i>explain</i> )		
<b>Selected?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO. If not, why? _____		
<b>DBE Firm:</b>		<b>Contact Person:</b>	
<b>Scope of Work:</b>		<b>NAICS Code:</b>	
<b>Initial Contact:</b>	<i>Date:</i> _____	<i>Method:</i> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Courier	
<b>Follow-up:</b>	<i>Date:</i> _____	<i>Method:</i> <input type="checkbox"/> Phone <input type="checkbox"/> In person	
<b>Response:</b>	<input type="checkbox"/> No response <input type="checkbox"/> Not bidding <input type="checkbox"/> Is bidding \$ _____ <input type="checkbox"/> Other ( <i>explain</i> )		
<b>Selected?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO. If not, Why? _____		
<b>DBE Firm:</b>		<b>Contact Person:</b>	
<b>Scope of Work:</b>		<b>NAICS Code:</b>	
<b>Initial Contact:</b>	<i>Date:</i> _____	<i>Method:</i> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Courier	
<b>Follow-up:</b>	<i>Date:</i> _____	<i>Method:</i> <input type="checkbox"/> Phone <input type="checkbox"/> In person	
<b>Response:</b>	<input type="checkbox"/> No response <input type="checkbox"/> Not bidding <input type="checkbox"/> Is bidding \$ _____ <input type="checkbox"/> Other ( <i>explain</i> )		
<b>Selected?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO. If not, why? _____		
<b>DBE Firm:</b>		<b>Contact Person:</b>	
<b>Scope of Work:</b>		<b>NAICS Code:</b>	
<b>Initial Contact:</b>	<i>Date:</i> _____	<i>Method:</i> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Courier	
<b>Follow-up:</b>	<i>Date:</i> _____	<i>Method:</i> <input type="checkbox"/> Phone <input type="checkbox"/> In person	
<b>Response:</b>	<input type="checkbox"/> No response <input type="checkbox"/> Not bidding <input type="checkbox"/> Is bidding \$ _____ <input type="checkbox"/> Other ( <i>explain</i> )		
<b>Selected?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO. If not, why? _____		

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Submittal Date