



Disadvantaged Business Enterprise Program

DBE Form 3: Subcontractor / Supplier Utilization Commitment

This form **MUST** be submitted at the time of Bid Opening

Copy this Form 3 as needed, to document additional subcontracting commitments. Indicate page # range: Page ____ of ____

v.9.10.14 .

Bidder/Proposer Name:			
Bidder/Proposer Address:			
Bidder/Proposer Annual Gross Receipt:	Less than \$500K <input type="checkbox"/> \$500K-\$1M <input type="checkbox"/> \$1M-\$2M <input type="checkbox"/> \$2-5M <input type="checkbox"/> More than \$5M <input type="checkbox"/>		
Bidder/Proposer Age (in years):			
Project Name:			
Project Number:		Established DBE Goal:	

1. List below all **DBEs** that you intend to use on this contract

DBE Vendor Name & Address	Description of work / materials	NAICS Code	Reporting Number	Total Projected Utilization (\$)
Annual Gross Receipt: <input type="checkbox"/> < \$500K <input type="checkbox"/> 500K-1M <input type="checkbox"/> 1M-5M <input type="checkbox"/> >\$5M	Firm Age (in years):			
Annual Gross Receipt: <input type="checkbox"/> < \$500K <input type="checkbox"/> 500K-1M <input type="checkbox"/> 1M-5M <input type="checkbox"/> >\$5M	Firm Age (in years):			
Annual Gross Receipt: <input type="checkbox"/> < \$500K <input type="checkbox"/> 500K-1M <input type="checkbox"/> 1M-5M <input type="checkbox"/> >\$5M	Firm Age (in years):			

2. List below all **Non-DBEs** that you intend to use on this contract

Vendor Name & Address	Description of work / materials	NAICS Code	Reporting Number	Total Projected Utilization (\$)
Annual Gross Receipt: <input type="checkbox"/> < \$500K <input type="checkbox"/> 500K-1M <input type="checkbox"/> 1M-5M <input type="checkbox"/> >\$5M	Firm Age (in years):			
Annual Gross Receipt: <input type="checkbox"/> < \$500K <input type="checkbox"/> 500K-1M <input type="checkbox"/> 1M-5M <input type="checkbox"/> >\$5M	Firm Age (in years):			

A. Total Subcontractor/Supplier Utilization (DBEs and Non-DBEs): \$ _____

B. Total DBE Utilization: \$ _____

C. Total Bid Amount: \$ _____

D. Percent DBE Util. (B÷C): _____ % Must be rounded to two (2) decimal places

Signature: Your signature below indicated that the undersigned Company certifies and agree that:

- a) It has complied with all provisions of the DBE Program;
- b) Failure to properly document such compliance in the manner and within the time periods established by the Aviation DBE Coordinator may constitute rejection of bid.

Signature of Authorized Official Printed Name Title Submitted Date