

### Alabama Department of Transportation Disadvantaged Business Enterprise (DBE) Utilization Plan

Project Number & County: \_\_\_\_\_  
 Letting Date: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_  
 Percent DBE Utilization Required: \_\_\_\_\_

Contractor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

| DBE Firm Name & Certification Number | Type of Firm | Pay Item No. | Description of Work<br>(include quantities and subcontract unit prices <i>OR</i> list the type of work and attach additional pages for details) | Dollar Amount |
|--------------------------------------|--------------|--------------|---|---------------|
| Name:<br>Cert. Number:               |              |              |   |               |
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| Name:<br>Cert. Number:               |              |              |   |               |
| Name:<br>Cert. Number:               |              |              |   |               |

**Instructions:**

1. This plan must be submitted within the timeframe specified by the contract after notification of apparent low bid.
2. The plan must indicate the contractor will meet the DBE goal noted in the proposal or documentation of good faith effort must be attached.
3. Type of Firm – Contractor, Supplier, or Manufacturer

|   |    |       |
|---|----|-------|
| <b>Total Dollar Amount to DBEs:</b>               | \$ | _____ |
| <b>Required Dollar Amount of DBE Utilization:</b> | \$ | _____ |

**ALDOT Approval:** \_\_\_\_\_

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

**Project Number:** \_\_\_\_\_

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

**Certification of Prime Contractor:**

I do hereby agree to commit this firm to use the certified DBE subcontractor(s) to perform the above described work in this contract. I hereby certify that all DBE subcontractor activities on this contract shall be performed in accordance with the current 49CFR Part 26 Regulations. I certify that all DBE activities, both race conscious and race neutral, shall be properly reported. I further certify that the reporting of DBE activities shall be in accordance with the above Regulations.

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

**Signature of Authorized Representative:** \_\_\_\_\_

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

**Certification of Non-DBE Subcontractor:** \_\_\_\_\_

I hereby certify that my DBE Subcontractor(s) on this contract shall perform all activities in accordance with the current 49CFR Part 26 Regulations. I certify that all DBE activities, both race conscious and race neutral, shall be properly reported. I further certify that the reporting of DBE activities shall be in accordance with the above Regulations.

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

**Signature of Authorized Representative:** \_\_\_\_\_

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

**Certification of DBE Subcontractor:** \_\_\_\_\_

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

I do hereby agree to participate and perform the work described above. I have been advised of the DBE responsibilities and am available, willing and able to complete the work. I hereby certify that my activities as a DBE Subcontractor on this contract shall be performed in accordance with the Current 49CFR Part 26 Regulations. I certify that my activities, both race conscious and race neutral, shall be properly reported. I further certify that the reporting of my activities shall be in accordance with the above Regulations.

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

**Signature of Authorized Representative:** \_\_\_\_\_

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

**DBE Certification Number:** \_\_\_\_\_