

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

Project Number: \_\_\_\_\_ Contractor Name: \_\_\_\_\_  
 County: \_\_\_\_\_ Address: \_\_\_\_\_  
 Letting Date: \_\_\_\_\_  
 Percent DBE Utilization Required: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

| DBE Firm Name & Certification Number | Type of Firm <sup>3</sup> | 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) | Joint <sup>4</sup> Checks | Dollar Amount |
|--------------------------------------|---------------------------|--------------|---|---------------------------|---------------|
| Name:<br>Cert. Number:               |                           |              |   |                           |               |
| Name:<br>Cert. Number:               |                           |              |   |                           |               |
| Name:<br>Cert. Number:               |                           |              |   |                           |               |
| Name:<br>Cert. Number:               |                           |              |   |                           |               |
| Name:<br>Cert. Number:               |                           |              |   |                           |               |
| Name:<br>Cert. Number:               |                           |              |   |                           |               |
| Name:<br>Cert. Number:               |                           |              |   |                           |               |

**Instructions:**

1. This plan must be submitted within 5 calendar days of the letting date.
2. The plan must indicate the contractor will meet the DBE goal noted in the proposal or documentation of good faith efforts must be attached.
3. Type of Firm – Contractor, Supplier, or Manufacturer
4. If joint checks will be used with a DBE Firm, indicate with “Yes” in the box and attach a copy of the applicable joint check agreement.

**Total Dollar Amount to DBEs:** \_\_\_\_\_  
**Required Dollar Amount of DBE Utilization:** \_\_\_\_\_

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

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

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