

## DBE Identification Submittal

Identification of Participating DBE's: The information shown on this page must be completed. If this page is submitted but not signed, it will not be cause for rejection. If it is not submitted with your bid, and you are the apparent low or second low bidder, it must be filed with the External Civil Rights Division, Missouri Department of Transportation, Jefferson City, Missouri, by 4:00 p.m. on the third working day after the bid opening. Fax or email transmittal is permitted. The fax number is (573) 526-0558 and the email address for submittal is [dbe@modot.mo.gov](mailto:dbe@modot.mo.gov). The original copy must be mailed by overnight mail to MoDOT the day of the FAX or email transmittal. Contact the External Civil Rights Division at (573) 751-7801 for questions or assistance in completion. (Note: Submittal of this form is not required if the Contract DBE Goal is 0%)

The undersigned submits the following list of DBE's to be used in accomplishing the work of this contract. The work, supplies or services, applicable value and percent of total federal contract each DBE is to perform or furnish is as follows:

| (A)<br>DBE Name & Address | (B)<br>Bid Item numbers<br>(or Line numbers) | (C)<br>\$ Value of DBE of Work **<br><br>(Unit Price x Quantity of each<br>item in B, or Lump Sum) | (D)<br>% of \$ Value<br>Applicable to DBE<br>Goal **<br>(100%, 60%) | (E)<br>\$ Amount Applicable to<br>DBE Goal for each item<br><br>(C x D) | (F)<br>% of Total Contract<br>Amount for each item<br><br>(E/Total Contract Amount) |
|---------------------------|--|--|---|---|---|
| 1.                        |  |  |   |   |   |
|                           |  | Total  |   |   |   |
| 2.                        |  |  |   |   |   |
|                           |  | Total  |   |   |   |
| 3.                        |  |  |   |   |   |
|                           |  | Total  |   |   |   |
| 4.                        |  |  |   |   |   |
|                           |  | Total  |   |   |   |
| Total DBE Participation   |  |  |   | Total   | Total   |

\*\* Cannot exceed contract amount for given item of work.

**DBE Identification Submittal**

| (A)<br>DBE Name & Address  | (B)<br>Bid Item numbers | (C)<br>\$ Value of DBE of Work **<br><br>(Unit Price x Quantity of<br>each item in B, or Lump<br>Sum) | (D)<br>% of \$ Value Applicable to<br>DBE Goal **<br><br>(100%, 60%) | (E)<br>\$ Amount Applicable to<br>DBE Goal for each item<br><br>(C x D) | (F)<br>% of Total Contract<br>Amount for each item<br><br>(E/Total Contract<br>Amount) |
|--|-------------------------|---|--|---|--|
| Trucking Services<br><br>Only used if the DBE owns the<br>trucks or is leasing from a DBE firm |                         |   | 100%   |   |  |
| Trucking Services<br><br>Trucks are leased from non-DBE<br>source                              |                         |   |  | Only Include <u>Fees</u> for<br>Trucking Services                       |  |
| Brokered Services  |                         |   |  | Only Include <u>Fees</u> for<br>Brokered Services                       |  |
| Totals (Page 1)  |                         |   |  |   |  |
| Totals (Page 2)  |                         |   |  |   |  |
| Totals (additional pages if needed)  |                         |   |  |   |  |
| Total DBE Participation  |                         |   |  |   |  |

\*\* Cannot exceed contract amount for given item of work.

Company: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_