

Small Business Enterprise Set-Aside Eligibility

I _____, acting on behalf
(Official's name)
of _____, do hereby
(Company name)
certify and affirm that the information set forth below is true and accurate to the best of my knowledge.

I attest that as of the date of this instrument, the Gross Revenue of this business including any anticipated proceeds from this project (_____), will
Project number
not exceed \$15,000,000 in the company's current fiscal year.

Signature: _____

Date: _____

Title: _____

CONNECTICUT DEPARTMENT OF TRANSPORTATION (CTDOT)

Rev 05/2012

PRE-AWARD SBE PARTICIPATION APPROVAL REQUEST

TO BE SUBMITTED WITHIN THE TIME FRAME INDICATED IN THE BID DOCUMENTS

Only certified SBE firms will be approved by CDOT toward the participation. The SBE directory is available on the Department of Administrative Services' web site. Any combination of Small Business, Minority owned Small Business or Woman owned Small Business can be used.

Sheet _____ of _____

CDOT Project Number (s): _____

SBE Subcontractor: _____ FEIN Number: _____

Town(s) of: _____

Address: _____

Submitted By: _____

Original Bid (\$): _____

Dollar amount subcontracted to this SBE firm (\$): _____

<u>Item Number & Description</u>	<u>Is This item Partial?</u>		<u>Firm Type Code</u> *	<u>Quantity and Unit of item as bid</u>	<u>Contract Unit Price</u>	<u>Quantity and Unit for item Subcontracted</u>	<u>Subcontract Unit Price</u>	<u>Total Item price subcontracted**</u>
	<u>Yes</u>	<u>No</u>						
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

If any of the items above are checked **Yes** as to **Partial**, please use the space provided or use an attachment to offer an explanation of the work involved. Also please identify who is responsible for the remainder of the partial items.

* Firm Type Code: **S** (subcontractor), **M** (manufacturer), **P** (supplier), **T** (trucking), **V** (services)

** An explanation is required in instances where the subcontracted amount is HIGHER than the original bid. By submitting this form you agree to the higher subcontracted price without additional costs to the Department.

Signature of Prime Contractor, Title _____ Date _____

Signature of Subcontractor, Title _____ Date _____

After this submittal is approved by the Department, any proposed changes to it must be submitted to the Department for approval.

Sample of Past Construction Experience

Only include the work within the last 5 years that are relevant to the work performed on this project

CTDOT Project Number: _____

SBE Firm: _____

Project Description and Location	Your Contract Value	The Name of the Owner or the Prime Contractor on the Project/Contact Name and Phone Number	Actual or Estimated Completion Date	overview of items Performed