CONNECTICUT DEPARTMENT OF TRANSPORTATION (CTDOT)

Rev 10/2014

PRE-AWARD DBE COMMITMENT APPROVAL REQUEST

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

Only certified DBE firms and only for work which they have been certified for will be approved by CDOT toward the goal. Department's DBE directory is available on CTDOT's website or by calling 860-594-2171

Sheet of

CDOT Project Number (s): _____

Town(s) of: _____

Submitted By (Prime): _____

Original Bid ($): _____

Dollar amount subcontracted to this DBE firm ($): _____

Dollar amount requested for CREDIT for this DBE Firm ($): _____ **

** Please be advised that by submitting this form you (the prime) agree that the total Credited amount will be the amount of commitment and will be measured by the Commercially Useful Function the Subcontractor performs.

DBE Subcontractor: _____ FEIN Number: _____

NAICS Code (s) associated with this submission: _____

Address: _____

Is this DBE firm a 1st or 2nd tier subcontractor? 1st ☐ 2nd* ☐

* The CDOT prefers 1st tier subcontractors; however, credit for 2nd tier DBE firms will be approved provided this page is signed by both the prime and the DBE firm, the 1st tier subcontractor is identified, the extent of the 2nd tier work is clearly identified, and the prime makes the assertion that regardless of its arrangement with the 1st tier subcontractor, this DBE firm will be used and its replacement is subject to the conditions of the DBE specification and contract requirements.

Item Number & Description	Is This item Partial Yes No	Firm Type Code ***	Quantity and Unit of item as bid	Contract Unit Price	Quantity and Unit for item Subcontracted	Subcontract Unit Price	Total Item price subcontracted****	Total item prices credited to the subcontractor *****
	N						$0.00	
	N						$0.00	
	N						$0.00	
	N						$0.00	
	N						$0.00	
	N						$0.00	
	N						$0.00	

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)

Any DBE Trucking firm (**T**) nominated on this form must self-perform not less than 30% of their contract value.

**** In instances where the Prime is paying the Subcontractor a higher unit price than the bid, by submitting this form the Prime agrees to the higher subcontracted price without additional costs to the Department.

***** The credited amount includes adjustments for supply items (60%) or items further subcontracted to NON-DBE firms.

****Is this DBE Purchasing any Material or Leasing any Equipment from the Prime or any of the Prime's Affiliates? YES ◯ NO ◯

If YES, state the amount and DO NOT include the amount in the amount toward the goal. Amount: $ _____

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.