

CONTRACT NO. and TITLE: _____ CONTRACT VALUE \$ _____

SCHEDULE OF DBE PARTICIPATION (Form A)

Name, Address, Telephone Number of DBE (including name of contact person). Federal I.D.# or Social Security Number	Description of Work, Products and/or Services to be provided	Agreed Dollar Amount of DBE Subcontract	DBE % of Total Contract Price	DBE Projected Start and Completion Date

The undersigned bidder/proposer agrees that the information provided in this utilization plan is true and accurate. DBE firms indicated in this utilization plan are currently certified by the NYSUCP. I fully understand that any false statement within this submittal, and any failure to update this submittal if subsequent events would cause the answers to change, may prevent the company and/or the undersigned from being found to be responsible bidders/proposers in connection with future agreements, and may be the basis for a termination for default of the instant contract. In addition, any false statement within this submittal may subject the company to criminal charges in state and federal courts."

Bidder/ _____ Authorized _____ Authorized
 Proposer _____ Representative _____ Signature _____ Date _____
 (print or type)

Address _____ Email Address _____ Telephone No. _____