

Municipality of Anchorage



DISADVANTAGED BUSINESS ENTERPRISE PROGRAM (DBE)

DBE CONTACT REPORT (Form 10-033)

Federal-Aid Contracts

RFP/ITB# _____

Project Name: _____

Attach documentation.

Contact Information <i>Firm Name</i> <i>Contact Person</i> <i>Contact Information (phone/email)</i>	Initial Contact <i>Date</i> <i>Comment</i>	Follow-up <i>Date</i> <i>Comment</i>	Result* <i>(See below)</i>
Ph: _____ Email: _____			
Ph: _____ Email: _____			
Ph: _____ Email: _____			
Ph: _____ Email: _____			
Ph: _____ Email: _____			

*Please indicate whether bid was: _____ *(more space on back)*
 Successful (**S**), Non-Competitive (**NC**), Non-Responsive (**NR**) or Unable to Perform Work (**UPW**).

Prime Contractor Firm Name: _____

Representative's signature: _____ Date: _____

If you have any questions regarding this form, please contact the DBE Officer at (907) 343-4878.

Municipality of Anchorage



OFFICE OF EQUAL OPPORTUNITY

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Please make copies as needed. If additional page used please indicate firm, date and include signature.

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