Municipality of Anchorage

OFFICE OF EQUAL OPPORTUNITY

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM (DBE)

DBE STATEMENT (Form 10-029)

Federal-Aid Contracts

RFP/ITB:
Project Name: _____

It is the policy of the Department of Transportation (DOT) and the Municipality of Anchorage (MOA) that Disadvantaged Business Enterprises have equal opportunity to participate in the performance of contracts financed in whole or in part with Federal funds. As such the undersigned certifies that the proposer/bidder is aware of and shall comply with 49 CFR § 26, Anchorage Municipal Code § 7.60, and all other applicable federal, state, and municipal laws and regulations concerning DBE participation in the Municipality's program, which are incorporated by reference as if fully set forth herein.

The undersigned acknowledges that the above statement holds true whether the MOA is implementing a race-conscious or race-neutral DBE program. Proposer/bidders are always encouraged to seek out and utilize DBE firms as subcontractors, manufactures, and suppliers on this project. By submitting a bid for this project we acknowledge we have made genuine and tangible efforts to utilize certified DBE's and small business entities to assist the MOA in meeting its federal obligation.

To be eligible for award of this contract, the successful Proposer/Bidder must execute and submit this statement relating to the Municipality of Anchorage, Disadvantaged Business Enterprise (DBE) Program 49 CFR 26. Failure to complete and submit this statement, or the inclusion of a false statement, shall render the Proposer/Bidder non-responsive. False statements are punishable under AS 11.56.210.

This project is being funded in whole or in part by: FTA ___ FAA ____ FHWA ____

The annual DBE percentage set by the MOA for this operating agency is _____% and the undersigned hereby affirms the bidder/proposer has made a targeted effort to assist in the attainment of that goal.

Firm Name: _____

Principal's signature: _____ Date: _____

Principal's Name and Title:

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

Municipality of Anchorage

OFFICE OF EQUAL OPPORTUNITY

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM (DBE)

SUBCONTRACTABLE ITEMS (Form 10-028)

Federal-Aid Contracts

RFP/ITB: _____

Project Name: _____

Please identify and list all subcontracting opportunities for this project.

Bid Item No.	Work Category	Description of Work	Estimate $
		Total estimated subcontractable amount	$
		Total percentage of subcontractable items (as percentage of total bid)	_____%

Firm Name: _____

Principal's Signature: _____ Date _____

Title _____

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

Municipality of Anchorage

OFFICE OF EQUAL OPPORTUNITY

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM (DBE)

DBE UTILIZATION REPORT (Form 10-030)

Federal-Aid Contracts

RFP/ITB:

Project Name: _____

List all certified DBEs to be used in the execution of this project. Once this form is submitted changes MUST be approved in writing by the MOA DBE Officer.

FIRM NAME	BID ITEM, PRODUCT OR WORK DESCRIPTION	SUBCONTRACT AMOUNT $	TYPE OF CREDIT*	CREDITABLE AMOUNT $

*Please indicate (T) Trucking/ (M) Manufacturer/ (S) Supplier (additional room on back)

Total Creditable DBE Utilization Amount $_____

Basic Bid Amount $ _____

DBE Utilization (% of basic bid amount) _____ %

Firm Name: _____

Principal's signature: _____ Date: _____

Principal's Name and Title: _____

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

Municipality of Anchorage

OFFICE OF EQUAL OPPORTUNITY

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM (DBE)

FIRM NAME	BID ITEM, PRODUCT OR WORK DESCRIPTION	SUBCONTRACT AMOUNT $	TYPE OF CREDIT*	CREDITABLE AMOUNT $

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

Form 10-030 (Rev. 10\2017)

Municipality of Anchorage

OFFICE OF EQUAL OPPORTUNITY

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM (DBE)

10-031 Acknowledgement

Federal-Aid Contracts

RFP/ITB:
Project Name: _____

Over the life of the project, the Prime Contractor is required to submit monthly 10-031 forms. Please review the attached 10-031 report form and verify that you have read and understand the requirement to submit the completed form for all subcontractors (including DBE's) by the 15th of every month for the life of the contract.

☐ I have reviewed the 10-031 form and agree to submit this form monthly to the Municipality of Anchorage's DBE office for the duration of the project beginning at the commencement of work on the project.

Firm Name: _____

Principal's signature: _____ Date: _____

Principal's Name and Title: _____

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

Form 10-031 A (Rev. 01/18)

Municipality of Anchorage

OFFICE OF EQUAL OPPORTUNITY

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM (DBE)

PAYMENT PROGRESS REPORTS (Form 10-031)

Federal-Aid Contracts

RFP/ITB: _____

Project Name: _____

This report MUST be submitted to the DBE Officer by the 15th of every month for the life of the contract, for payments made the previous month. Reports should start the month after the project begins and continue through until final payment is made. A copy of the check MUST be attached. (49 CFR 26)

PRIME CONTRACTOR FIRM NAME: _____

SUBCONTRACTOR PAYMENTS

Firm Name	Bid Item Paid (list separately)	Agreed Price	Amount Paid (this period)	Paid to Date	% of work completed to Date	Last Payment?

Signature required – form continued on the back

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

PAYMENT PROGRESS REPORTS (Form 10-031)

SUBCONTRACTOR PAYMENTS continued

Firm Name	Bid Item Paid (list separately)	Agreed Price	Amount Paid (this period)	Paid to Date	% of work completed to Date	Last Payment?

If more spaces are required, use as many copies of the second page of this form as necessary. The contractor must sign each sheet to certify its content and completion. Are additional pages attached? Yes ____ No ____

Please provide a brief explanation of any zero dollar payments where work is not 100% completed and/or Agreed Price is not paid in full:

Person Submitting the Report: _____ Title: _____

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

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM (DBE)

PAYMENT PROGRESS REPORTS (Form 10-031)

Federal-Aid Contracts

RFP/ITB: _____ Month/Year _____

Project Name: _____

This report MUST be submitted to the DBE Officer by the 15th of every month for the life of the contract, for payments made the previous month. Reports should start the month after the project begins and continue through until final payment is made. A copy of the check MUST be attached. (49 CFR 26)

PRIME CONTRACTOR FIRM NAME: _____

SUBCONTRACTOR PAYMENTS

Firm Name	Bid Item Paid (list separately)	Agreed Price	Amount Paid (this period)	Paid to Date	% of work completed to Date	Last Payment?

Signature required – form continued on the back

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

PAYMENT PROGRESS REPORTS (Form 10-031)

SUBCONTRACTOR PAYMENTS continued

Firm Name	Bid Item Paid (list separately)	Agreed Price	Amount Paid (this period)	Paid to Date	% of work completed to Date	Last Payment?

If more spaces are required, use as many copies of the second page of this form as necessary. The contractor must sign each sheet to certify its content and completion. Are additional pages attached? Yes ____ No ____

Please provide a brief explanation of any zero dollar payments where work is not 100% completed and/or Agreed Price is not paid in full:

Person Submitting the Report: _____ Title: _____

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

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM (DBE)

BIDDER REGISTRATION/DBE COMMITMENT (Form 10-032)

Federal-Aid Contracts

RFP/ITB# _____

Project Name: _____

Each Prime and subcontractor responding to this bid/proposal MUST complete this form. Please make copies as needed. 49 CFR 26 directs that certain information must be collected from both DBE and non-DBE contractors and subcontractors seeking to work on federally-assisted contracts.

Name of Firm: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Prime contractor ___ Subcontractor ___ DBE ____ Other Certification(s) _____

Age of firm or date established: _____

Firm's gross annual receipts:

- ☐ < $500,000
- ☐ $500,000 - $999,999
- ☐ $1,000,000 - $4,999,999
- ☐ $5,000,000 - $9,999,999
- ☐ $10,000,000 - $16,999,999
- ☐ > $17,000,000

AK Business License: _____

Contractor Registration No.: _____

DBE Certification No.: _____

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

BIDDER REGISTRATION FORM (Form 10-032)

Federal-Aid Contracts

Description of Work to be performed:

Dollar amount committed: (Subcontractors) $_____

For projects with federal–aid funding, I hereby certify Alaska Business License, the Municipality of Anchorage Contract Compliance Specifications, and contractor registrations will be valid for all subcontractors prior to award of the subcontractor.

The undersigned certifies that this Bidder/Proposer is aware of and shall comply with 49 CFR § 26, Anchorage Municipal Code section 7.60, and all other applicable federal, state, and municipal laws and regulations concerning participation in the Municipality's programs, which are incorporated by reference as if fully set forth herein.

Principal's Signature: _____ Date:_____

Principal's Name and Title:

_____

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* To be completed by DBE and Prime Contractor ONLY*

DBE COMMITMENT:

Signatures of Authorized representatives of the Prime Contractor <u>and</u> the DBE firm below represent the written commitment by the Prime Contractor to subcontract with the DBE firm as described above and a written commitment by the DBE firm to subcontract for the work described above. Once this form is executed any modifications must be approved in writing by the MOA DBE Officer or DBELO.

This form must be executed for all DBE firms to be subcontracted.

_____	_____
Prime Contractor or Representative (print)	DBE Contractor or Representative (print)
_____	_____
Prime Signature Date	DBE Signature Date
_____	_____
Prime Contractor Firm Name	DBE Firm Name

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

Municipality of Anchorage

OFFICE OF EQUAL OPPORTUNITY

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM (DBE)

DBE CONTACT REPORT (Form 10-033)

Federal-Aid Contracts

RFP/ITB# _____

Project Name: _____

Attach documentation.

Contact Information *Firm Name* *Contact Person* *Contact Information (phone/email)*	**Initial Contact** *Date* *Comment*	**Follow-up** *Date* *Comment*	**Result*** (See below)
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.

Form 10-033 (Rev. 10\2017)

Municipality of Anchorage

OFFICE OF EQUAL OPPORTUNITY

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM (DBE)

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

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

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

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

Form 10-033 (Rev. 10\2017)