

DBE PARTICIPATION STATEMENT

Note: The Consultant is required to complete the following information and submit this form with the technical proposal.

Project Description: _____

Consultant Name: _____

This consultant (is ___) (is not ___) a Department of Transportation certified Disadvantaged Business Enterprise (DBE). "K" { gu.'r gtegpvc i g"qh'hggv'vq'F DG'eqpuwncpv'aaaaaaaaaaaa'

Expected percentage of contract fees to be subcontracted to DBE(s): _____ %

If the intention is to subcontract a portion of the contract fees to DBE(s), the proposed DBE sub-consultants are as follows:

DBE EquwncpvSub-Consultant	Type of Work/Commodity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By: _____
Title: _____
Date: _____