

DIVISION VI

DISADVANTAGED BUSINESS ENTERPRISE FORMS



DRAFT



DBE PARTICIPATION AND GOAL CALCULATION
 (TO BE COMPLETED BY THE PRIME CMAR)

PROJECT DESCRIPTION: Construction of Air Traffic Control Tower

PROJECT NUMBER: 927

The following are certified DBE's, as of the date of this contract, and are prepared to perform the scope(s) of work on the above referenced project:

DBE FIRM NAME	ADDRESS/PHONE	DBE Certified Gender*	DBE Certified Ethnicity*	DESCRIPTION OF SCOPE OF WORK TO BE PERFORMED UNDER THIS PROJECT	NAICS CODE(S) FOR SCOPE OF WORK TO BE PERFORMED UNDER THIS PROJECT BY DBE	TOTAL MINIMUM CONTRACT AMOUNT (\$)	% OF DBE

*Gender: Woman Owned or Male Owned

*Ethnicity: Black American, Hispanic American, Native American, Asian-Pacific American, Subcontinent Asian American or Non-Minority

NOTE: IF LISTING TRUCKING/HAULING, UNIFORMED POLICE OFFICERS, SUPPLIERS, OR OTHER SCOPES OF WORK THAT MAYBE SUBJECT TO DBE UTILIZATION LIMITATIONS, PLEASE REFER TO THE GENERAL CONDITIONS TO THE CMAR CONTRACT (ARTICLE 13.9) FOR INSTRUCTIONS

THE UNDERSIGNED (MUST CHECK ONE BOX AND INDICATE %):

WILL MEET OR EXCEED THE DBE PROGRAM GOAL OF 11.5% AND IS COMMITTED TO A MINIMUM OF _____% DBE UTILIZATION ON THIS CONTRACT.

OR

WILL NOT MEET THE DBE PROGRAM GOAL OF 11.5%, BUT IS COMMITTED TO A MINIMUM OF _____% DBE UTILIZATION ON THIS CONTRACT AND SHOULD SUBMIT DOCUMENTATION OF GOOD FAITH EFFORTS TO PMGAA PRIOR TO EXECUTION OF THE CONTRACT.

THE UNDERSIGNED HEREIN AFFIRMS THAT THE CMAR WILL ENTER INTO A FORMAL AGREEMENT WITH THE DBE CONTRACTORS/SUPPLIERS LISTED HEREIN CONDITIONED UPON THE EXECUTION OF A CONTRACT WITH THE PHOENIX-MESA GATEWAY AIRPORT AUTHORITY.

Signed By _____ Title _____ Date _____



CMAR'S STATEMENT OF DBE UTILIZATION

SHEET ____ OF ____

(1) PAY REQUEST NO. _____ (2) REPORT PERIOD FROM _____ TO _____ (3) PROJECT NAME Construction of Air Traffic Control Tower
 (4) PROJECT NO. 927 (5) CONTRACT NO. C-2019017 (6) PROGRAM GOAL 11.5 % (7) PROPOSED DBE UTILIZATION _____ %

(8) DBE NAME REPRESENTATIVE NAME & TELEPHONE NUMBER	(9) CLASS OF WORK	(10) CONTRACT AMOUNT	(11) CONTRACT ADJUSTMENTS	(12) REVISED CONTRACT AMOUNT	(13) AMOUNT EARNED THIS PERIOD	(14) AMOUNT EARNED TO DATE	(15) AMOUNT RETAINED THIS PERIOD	(16) AMOUNT RETAINED TO DATE	(17) % OF CONTRACT COMPLETE TO DATE
(18) DBE TOTALS									

(19) CMAR _____ (20) AUTHORIZED SIGNATURE _____ (21) DATE _____
 (22) PERCENTAGE OF TOTAL CONTRACT COMPLETED TO DATE _____ %

CERTIFICATION OF PAYMENT OF PROMPT PAYMENT TO DBE FIRMS
(TO BE COMPLETED BY THE PRIME CMAR AND DBE SUBCONTRACTOR FOR EACH PAYMENT)

PRIME CMAR AFFIDAVIT:

The undersigned, having contracted as the prime CMAR on Project # 927, hereby certifies that a payment has been made to the DBE subcontractor cited below. The total value of this payment made to the DBE firm for materials and/or work performed on this project contract is as follows:

DBE Subcontractor: _____ **Total Amount Paid: \$** _____ **Date Sent** _____

This certification is made under Federal and State laws concerning false statement. Supporting documentation for this payment is subject to audit and should be retained for a minimum of three (3) years from the project acceptance date. In the event the DBE was not paid in accordance with affidavits submitted by the prime contractor, all documentation supporting the contractor's position should be submitted.

I DECLARE UNDER PENALTY OF PERJURY IN THE SECOND DEGREE, AND ANY OTHER APPLICABLE STATE OR FEDERAL LAW, THE STATEMENTS MADE ON THIS DOCUMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

By: _____
Authorized Agent for Prime CMAR (Print Name and Title)

Date: _____

DBE SUBCONTRACTOR AFFIDAVIT:

The undersigned DBE subcontractor/supplier/manufacturer hereby certifies that a contract was entered into with the above named prime CMAR to perform work or provide materials on the project cited in this document. I further certify that the total amount of this payment received as provided herein by the prime contractor is accurate and unchallenged.

Total Amount Received: \$ _____ **Date Received** _____

I DECLARE UNDER PENALTY OF PERJURY IN THE SECOND DEGREE, AND ANY OTHER APPLICABLE STATE OF FEDERAL LAWS, THE STATEMENTS MADE ON THIS DOCUMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

By: _____
Authorized Agent for DBE Subcontractor (Print Name and Title)

Date: _____

FOR ADDITIONAL INFORMATION ON THE COMPLETION OF THIS FORM, PLEASE CONTACT THE PHOENIX-MESA GATEWAY AIRPORT AUTHORITY GRANTS OFFICE AT (480) 988-7652.

CERTIFICATION OF PAYMENT OF DBE TO LOWER TIER
(TO BE COMPLETED BY THE DBE SUBCONTRACTOR)

DBE Firm: _____

AZ UTRACS Registration No: _____

Select: Contractor Trucker Broker (Fees/Commission) Supplier Manufacturer Other

UNIT PRICE OR HOURLY RATE					
Start Date	End Date	Description / Scope of Work	Unit/Hourly Quantity	Unit/Hourly Price	Total Minimum Contract Amount

TOTAL \$ _____

The undersigned has sublet \$ _____ of the above work to a non-DBE firm for the time frame listed above.

OR

The undersigned has sublet \$ _____ of the above work to another certified DBE firm for the time frame listed above.

 I, _____ confirm that _____
(Authorized DBE firm officer, print name) (Name of DBE firm)

For the time period represented above, the DBE firm has performed the scope(s) as described above for \$ _____
(Total DBE Credit Dollar Value)

(Authorized DBE firm officer, signature)

(Title)

(Date)