

"Example of a DBE Form Completed by a DBE Offeror"

2001 DBE FORM - OFFEROR'S OUTREACH DOCUMENTATION

INSTRUCTIONS				COMPANY NAME	
PLEASE RESPOND TO ALL QUESTIONS IN BOTH SECTIONS OF THIS FORM. Use this form to record your OUTREACH EFFORTS to achieve DBE participation in this solicitation. The information recorded on this form will be evaluated to determine your compliance with MNPS Diversity Business Enterprise Program requirements. Failure to respond to all questions and submit this form may result in a non-responsive offer. <i>NOTE: If your business is classified as a minority, women, small, or service-disabled-owned business, you are NOT exempt from completing this form. As a responder to this procurement, you must make an effort to reach out to DBEs. Further, if you are a DBE, DO NOT list your company as being outreached to in the section below.</i>				COMPANY ADDRESS (City, State, Zip)	
				COMPANY CONTACT NAME & PHONE#	
				RFQ NUMBER & TITLE	
Is your company certified as a DBE?		"If Yes" indicate your *DBE Classification		Certification Agency's Name	

***DIVERSITY BUSINESS ENTERPRISE CLASSIFICATIONS CODES**

1=African American Female, 2=African American Male, 3=Asian Female, 4=Asian Male, 5=Hispanic Female, 6=Hispanic Male, 7=Native American Female, 8=Native American Male, 9=WBE, 10=SBE, 11=SDVBE

1. DBE COMPANY/ADDRESS (City, State, Zip)		*DBE CODE	NAME OF PERSON CONTACTED	DATE OF CONTACT	TYPE OF SERVICES/SUPPLIES SOLICITED		
OUTREACH EFFORTS Based on your method of communication with the DBE, check the appropriate box(s) below.				DBE RESPONSE TO OUTREACH EFFORTS (Indicate below "Yes" or "No")		Indicate why bid was not valid/not accepted ** (See instructions on Page 2)	
Via Telephone	Face-to Face	Email	DBE Email Address	Responded to Outreach Efforts	Submitted Bid	Valid Bid	

2. DBE COMPANY/ADDRESS (City, State, Zip)		*DBE CODE	NAME OF PERSON CONTACTED	DATE OF CONTACT	TYPE OF SERVICES/SUPPLIES SOLICITED		
OUTREACH EFFORTS Based on your method of communication with the DBE, check the appropriate box(s) below.				DBE RESPONSE TO OUTREACH EFFORTS (Indicate below "Yes" or "No")		Indicate why bid was not valid/not accepted ** (See instructions on Page 2)	
Via Telephone	Face-to Face	Email	DBE Email Address	Responded to Outreach Efforts	Submitted Bid	Valid Bid	

3. DBE COMPANY/ADDRESS (City, State, Zip)		*DBE CODE	NAME OF PERSON CONTACTED	DATE OF CONTACT	TYPE OF SERVICES/SUPPLIES SOLICITED		
OUTREACH EFFORTS Based on your method of communication with the DBE, check the appropriate box(s) below.				DBE RESPONSE TO OUTREACH EFFORTS (Indicate below "Yes" or "No")		**Indicate why bid was not valid/not accepted (See examples of reasons on Page 2)	
Via Telephone	Face-to Face	Email	DBE Email Address	Responded to Outreach Efforts	Submitted Bid	Valid Bid	

4. DBE COMPANY/ADDRESS (City, State, Zip)		*DBE CODE	NAME OF PERSON CONTACTED	DATE OF CONTACT	TYPE OF SERVICES/SUPPLIES SOLICITED		
OUTREACH EFFORTS Based on your method of communication with the DBE, check the appropriate box(s) below.				DBE RESPONSE TO OUTREACH EFFORTS (Indicate below "Yes" or "No")		Indicate why bid was not valid/not accepted ** (See instructions on Page 2)	
Via Telephone	Face-to Face	Email	DBE Email Address	Responded to Outreach Efforts	Submitted Bid	Valid Bid	

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COMPANY NAME

RFQ NUMBER & TITLE

***DIVERSITY BUSINESS ENTERPRISE CLASSIFICATIONS CODES**

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5. DBE COMPANY/ADDRESS (City, State, Zip)			*DBE CODE	NAME OF PERSON CONTACTED	DATE OF CONTACT	TYPE OF SERVICES/SUPPLIES SOLICITED	
OUTREACH EFFORTS Based on your method of communication with the DBE, check the appropriate box(s) below.					DBE RESPONSE TO OUTREACH EFFORTS (Indicate below "Yes" or "No")		Indicate why bid was not valid/not accepted **(See instructions on Page 2)
Via Telephone	Face-to Face	Email	DBE Email Address	Responded to Outreach Efforts	Submitted Bid	Valid Bid	

6. DBE COMPANY/ADDRESS (City, State, Zip)			*DBE CODE	NAME OF PERSON CONTACTED	DATE OF CONTACT	TYPE OF SERVICES/SUPPLIES SOLICITED	
OUTREACH EFFORTS Based on your method of communication with the DBE, check the appropriate box(s) below.					DBE RESPONSE TO OUTREACH EFFORTS (Indicate below "Yes" or "No")		Indicate why bid was not valid/not accepted **(See instructions on Page 2)
Via Telephone	Face-to Face	Email	DBE Email Address	Responded to Outreach Efforts	Submitted Bid	Valid Bid	

7. DBE COMPANY/ADDRESS (City, State, Zip)			*DBE CODE	NAME OF PERSON CONTACTED	DATE OF CONTACT	TYPE OF SERVICES/SUPPLIES SOLICITED	
OUTREACH EFFORTS Based on your method of communication with the DBE, check the appropriate box(s) below.					DBE RESPONSE TO OUTREACH EFFORTS (Indicate below "Yes" or "No")		Indicate why bid was not valid/not accepted **(See instructions on Page 2)
Via Telephone	Face-to Face	Email	DBE Email Address	Responded to Outreach Efforts	Submitted Bid	Valid Bid	

****INSTRUCTIONS:** Below are "reasons" to explain why the bid was invalid or not accepted. This information is used to provide feedback to DBEs. Equipped with the information, DBEs will have a clearer understanding of why their bid was unsuccessful and some valuable insights into where improvements can be made. Further, feedback allows DBEs to learn from the exercise and understand their strengths and weaknesses, which can be used when submitting their next bid.

EXAMPLE: (1) Price not in line with budget, (2) Unclear offering of price, (3) Unable to meet schedule, (4) Lack of necessary expertise, (5) Inadequate experience, (6) Did not conform to the applicable specifications, (7) No response to the request to clarify the bid (8) If other reason(s) please explain.

VERIFICATION STATEMENT: By signing below, I certify that all information provided is accurate. This form documents the contractor/supplier named above claim of DBE outreach. I understand that if I fail to provide this required form, my offer may be deemed "non-responsive," and I may be denied the contract award.

COMPANY NAME

DATE

SIGNATURE OF CERTIFYING OFFICIAL

TITLE

"Example of a DBE Form Completed by a DBE Offeror"

2002 DBE FORM - OFFEROR'S PROPOSED UTILIZATION PLAN

SECTION ONE INSTRUCTIONS

PLEASE RESPOND TO ALL QUESTIONS IN BOTH SECTIONS OF THIS FORM. As a result of your outreach efforts (as indicated on DBE Form 2001). Use this form to record the DBEs you propose to use. The information recorded on this form will be evaluated to determine your compliance with MNPS Diversity Business Enterprise Program requirements. Failure to respond to ALL questions and submit this form may result in a non-responsive offer. **Note:** If your business is classified as an MBE, WBE, SBE, or SDVBE, you are NOT exempt from completing this form. As a responder to this procurement, your outreach efforts must indicate a proposed plan to achieve DBE participation. **DO NOT** list your company's name below in the DBE "Proposed Utilization Plan" section below. *DO indicate the percentage of work your company will self-perform and the percentage of work to be performed by non-DBE subcontractors in the appropriate boxes on Page 3, Section 2, of this form.

COMPANY NAME

ADDRESS
(City, State, Zip)

COMPANY
CONTACT NAME

PHONE NUMBER

RFQ
NUMBER & TITLE

OFFER'S TOTAL
DOLLARS

SECTION ONE – PROPOSED DBE PARTICIPATION PLAN

INSTRUCTIONS: List each DBE that you proposed to use for the above-referenced RFQ. If additional space is needed to record the DBEs, you may duplicate this form.

***DBE CODES:** 1=African American Female, 2=African American Male, 3=Asian Female, 4=Asian Male, 5=Hispanic Female, 6=Hispanic Male, 7=Native American Female, 8=Native American Male, 9=WBE, 10=SBE, 11=SDVBE

1. DBE COMPANY NAME	*DBE CODE	ADDRESS/City/State/Zip	TELEPHONE	
Supplies/Services Provided		Dollar Value of Services	DBE Percentage of Total RFQ	
Name of DBE Certification Agency		Copy of Certification Attached?	Certification Expiration Date	Comments:

2. DBE COMPANY NAME	*DBE CODE	ADDRESS/City/State/Zip	TELEPHONE	
Supplies/Services Provided		Dollar Value of Services	DBE Percentage of Total RFQ	
Name of DBE Certification Agency		Copy of Certification Attached?	Certification Expiration Date	Comments:

3. DBE COMPANY NAME	*DBE CODE	ADDRESS/City/State/Zip	TELEPHONE	
Supplies/Services Provided		Dollar Value of Services	DBE Percentage of Total RFQ	
Name of DBE Certification Agency		Copy of Certification Attached?	Certification Expiration Date	Comments:

"Example of a DBE Form Completed by a DBE Offeror"

2002 DBE FORM - OFFEROR'S PROPOSED UTILIZATION PLAN

SECTION ONE -RECORD PROPOSED DIVERSITY BUSINESS ENTERPRISE FIRMS

COMPANY NAME	
RFQ NUMBER & TITLE	

SECTION ONE – PROPOSED DBE PARTICIPATION PLAN

INSTRUCTIONS: List each DBE that you proposed to use for the above-referenced RFQ. If additional space is needed to record the DBEs, you may duplicate this form.

***DBE CODES:** 1=African American Female, 2=African American Male, 3=Asian Female, 4=Asian Male, 5=Hispanic Female, 6=Hispanic Male, 7=Native American Female, 8=Native American Male, 9=WBE, 10=SBE, 11=SDVBE

4. DBE COMPANY NAME	*DBE CODE	ADDRESS/City/State/Zip	TELEPHONE	
Supplies/Services Provided		Dollar Value of Services		DBE Percentage of Total RFQ
Name of DBE Certification Agency		Copy of Certification Attached?	Certification Expiration Date	Comments:

5. DBE COMPANY NAME	*DBE CODE	ADDRESS/City/State/Zip	TELEPHONE	
Supplies/Services Provided		Dollar Value of Services		DBE Percentage of Total RFQ
Name of DBE Certification Agency		Copy of Certification Attached?	Certification Expiration Date	Comments:

6. DBE COMPANY NAME	*DBE CODE	ADDRESS/City/State/Zip	TELEPHONE	
Supplies/Services Provided		Dollar Value of Services		DBE Percentage of Total RFQ
Name of DBE Certification Agency		Copy of Certification Attached?	Certification Expiration Date	Comments:

7. DBE COMPANY NAME	*DBE CODE	ADDRESS/City/State/Zip	TELEPHONE	
Supplies/Services Provided		Dollar Value of Services		DBE Percentage of Total RFQ
Name of DBE Certification Agency		Copy of Certification Attached?	Certification Expiration Date	Comments:

2002 DBE FORM - OFFEROR'S PROPOSED UTILIZATION PLAN

<p>As a result of your outreach efforts to DBEs, use this form to summarize and record the names of DBEs you propose to use. Provide the estimated dollar value and percentages below. The information recorded on this form will be evaluated to determine your compliance with MNPS Diversity Business Enterprise Program requirements. Failure to respond to ALL questions and submit this form may result in a non-responsive offer. <i>Note: If your business is classified as a MBE, WBE, SBE or SDVBE you are NOT exempt from completing this form. You must complete this form to show your outreach efforts to achieve DBE participation.</i></p>	COMPANY NAME	
	RFQ NUMBER & TITLE	

VERIFICATION STATEMENT: By signing below, I certify that all information provided is accurate. This form documents the contractor/supplier named above proposed plan to utilize DBEs for this procurement. I understand that if I fail to provide this required form, my offer may be deemed "non-responsive," and I may be denied the contract award.				
SIGNATURE OF CERTIFYING OFFICIAL		OFFICIAL'S TITLE		DATE

''Example of a DBE Form Completed by a DBE Offeror''

2002A DBE FORM - OFFEROR'S FINAL DBE UTILIZATION PLAN

INSTRUCTIONS											COMPANY NAME						
THIS FORM MUST BE COMPLETED AND SUBMITTED TO MNPS CONTRACTING AGENT BEFORE CONTRACT AWARD. Use this form to record the DBE subcontractors and/or suppliers to be utilized for this procurement. <i>The information recorded on this Form will be incorporated into your contract and monitored monthly. Monitoring will consist of reviewing monthly reports that validate your DBE utilization and DBE payments. Your DBE commitment listed on this form must be reported monthly on ''DBE Form 2003, titled: Report of Payments to Diversity Business Enterprise Firms.'' IMPORTANT NOTE: . After the contract award, changes to this form will require MNPS Purchasing Agent and MNPS DBE Program Consultant approval.</i>											ADDRESS (City, State, Zip)						
											RFQ: NUMBER & TITLE						
SUMMARY CONTRACT DOLLARS AND DBE PARTICIPATION		Non-DBE Prime Contractor Self-Performed Dollars		% of Non-DBE Prime Contractor's Self- Performed Dollars	Non-DBE Subcontractor Dollars		% of Non DBE Subcontractor Dollars	DBE Prime Contractor's Self-Performed Dollars		% of DBE Prime Contractor Dollars	DBE Subcontractor Dollars		% of DBE Subcontractor Dollars	Total Contract Dollars (Prime +Non DBE + DBE Dollars)		Total Percentage	
CONTRACTS AWARDED					DIVERSITY BUSINESS ENTERPRISE CLASSIFICATIONS (attach a copy of the appropriate DBE Certificate of Certification or Metro Nashville Small Business Approval Letter)												
DBE PRIME CONTRACTOR NAME	Services Provided by Contractor	Contractor Location City/State	Certification Expiration Date	DBE Contractor Dollars	MBE African American Male Dollars	MBE Asian Male Dollars	MBE Hispanic Male Dollars	MBE Native American Male Dollars	MBE African American Female Dollars	MBE Asian Female Dollars	MBE Hispanic Female Dollars	MBE Native American Female Dollars	WBE Dollars	SBE Dollars	SDVBE Dollars	Total DBE Contractor Dollars	
DBE SUBCONTRACTOR NAME <i>(List all DBE Subs below)</i>	Services Provided by DBE	DBE Location City/State	Certification Expiration Date	DBE Subcontractor	MBE African American Male Dollars	MBE Asian Male Dollars	MBE Hispanic Male Dollars	MBE Native American Male Dollars	MBE African American Female Dollars	MBE Asian Female Dollars	MBE Hispanic Female Dollars	MBE Native American Female Dollars	WBE Dollars	SBE Dollars	SDVBE Dollars	Total DBE Subcontractor Dollars	
TOTAL DBE CONTRACTOR DOLLARS																	
TOTAL DBE SUBCONTRACTOR DOLLARS																	
TOTAL DBE CONTRACTOR AND DBE SUBCONTRACTOR DOLLARS																	

VERIFICATION STATEMENT: By signing below, I certify that all information provided is accurate. Upon execution of a contract with MNPS for the above-referenced project, the Contractor/Supplier named above, intends to utilize the DBE firm(s) listed on this form. The scope of work, cost, and percentage of work to be performed by each DBE is described above. The DBE firms listed have agreed to provide such work for the amount stated above. I understand that any misrepresentations regarding this information will be grounds for contract termination and initiating actions under Federal or State laws concerning false statements.

SIGNATURE OF COMPANY'S CERTIFYING OFFICIAL		TITLE		DATE	
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2003 - DBE FORM - PAYMENTS TO DIVERSITY BUSINESS ENTERPRISE FIRMS

DBE FORM 2003
PAYMENTS TO DIVERSITY BUSINESS ENTERPRISE FIRMS Revision5_01-02-24

"Example of a DBE Form Completed by a DBE Offeror"
2003 - DBE FORM - PAYMENTS TO DIVERSITY BUSINESS ENTERPRISE FIRMS

SECTION THREE INSTRUCTIONS																
Use this section to record monthly payments to the Prime Contractor, Non-DBE Subcontractors and DBE Subcontractors listed in Section One and Two of this form. The information recorded on this form will be reviewed to determine your contract's commitment to use DBEs. Failure to submit this report may delay your monthly pay application processing until all information is received. <i>NOTE: BE SURE TO TOTAL DOLLARS FOR EACH QUARTER.</i>								COMPANY NAME								
								CONTRACT# DESCRIPTION								
Record below the month and year of each payment	DBE CONTRACTOR DOLLARS: (Use the columns below to record dollars paid each month/year to the DBE contractor)		DBE SUBCONTRACTORS (Use the columns below to list the name of each DBE Subcontractor. Record below each name the amount of dollars paid each month/year to DBE subcontractors. Please total each quarter's dollars paid.)													
	*MONTH/YEAR	DBE CONTRACTOR NAME	DBE NAME	DBE NAME	DBE NAME	DBE NAME	DBE NAME	DBE NAME	DBE NAME	DBE NAME	DBE NAME	DBE NAME	DBE NAME	DBE NAME	DBE NAME	
QUARTERLY TOTAL																
QUARTERLY TOTAL																
QUARTERLY TOTAL																
QUARTERLY TOTAL																
TOTALS																
TOTAL DBE DOLLARS PAID																
NOTE: You may duplicate Page 1(one) of this form if more space is needed. Also, you may duplicate page 2(two) of this form if needed, for additional quarters.																
VERIFICATION STATEMENT: By signing below, I certify that all information provided is accurate. This form documents payments made to the above named Contractor/Supplier, and DBEs. I understand that failure to report dollars paid to the Contractor/Supplier, DBEs and Non-DBEs, may delay my monthly pay application processing until all information is received.																
SIGNATURE OF COMPANY'S CERTIFYING OFFICIAL								TITLE					DATE			

"Example of a DBE Form Completed by a DBE Offeror"

2004 DBE FORM - OFFEROR'S HISTORY OF DBE UTILIZATION

INSTRUCTIONS SECTION ONE

<p>This section of the form is designated to detail your track record in achieving Diversity Business Enterprise (DBE) participation. The information provided will be reviewed and evaluated to assess your capability in identifying, soliciting, and securing the participation of diverse businesses. <i>It is important to note that even if your business is classified as a minority, women, small, or service-disabled-owned business, you are not exempt from completing this form. As an Offeror, strict adherence to this request for information request regarding your company's history of achieving DBE participation is mandatory. Failure to duly complete and return this form may lead to the classification of your offer as non-responsive.</i></p>	COMPANY NAME	
	ADDRESS (CITY, STATE, ZIP)	
	COMPANY CONTACT NAME	
	CONTACT TELEPHONE NUMBER	
	QBS NUMBER AND TITLE	
PLEASE INDICATE IF YOUR FIRM IS A DBE	IF, YES, PROVIDE NAME OF MINORITY, WOMEN, SMALL, OR SERVICE-DISABLED-OWNED BUSINESS, CERTIFICATION AGENCY	CERTIFICATION EXPIRATION DATE

SECTION ONE - PLEASE INDICATE BELOW DIVERSE BUSINESSES THAT YOU HAVE UTILIZED ON PREVIOUS PROJECTS

***DBE CLASSIFICATIONS CODES - 1=African American Female, 2=African American Male, 3=Asian Female, 4=Asian Male, 5=Hispanic Female, 6=Hispanic Male, 7=Native American Female, 8=Native American Male, 9=WBE, 10=SBE, 11=SDVBE**

1. DBE Company Name/Address	*DBE Codes	Name DBE Contact	DBE Contact Telephone	Project Name/Date/Location
Type of Supplies or Services Provided by DBE			DBE Percentage Achieved	Total Cost of Project

2. DBE Company Name/Address	*DBE Codes	Name DBE Contact:	DBE Contact Telephone	Project Name/Date/Location
Type of Supplies or Services Provided by DBE			DBE Percentage Achieved	Total Cost of Project

3. DBE Company Name/Address	*DBE Codes	Name DBE Contact:	DBE Contact Telephone	Project Name/Date/Location
Type of Supplies or Services Provided by DBE			DBE Percentage Achieved	Total Cost of Project

**METROPOLITAN NASHVILLE PUBLIC SCHOOLS DIVERSITY BUSINESS ENTERPRISE PROGRAM
2004 DBE FORM - OFFEROR'S HISTORY OF DBE UTILIZATION**

INSTRUCTIONS SECTION TWO

In order to achieve Diversity Business Enterprise (DBE) participation for this procurement, please indicate below, your methods to identify and engage with DBEs. This will include targeted outreach strategies aimed at fostering collaboration with DBEs. Additionally, the plan should also outline specific types of supplies or services that align with DBE capabilities and contribute to their meaningful participation in the procurement process.

COMPANY NAME

QBS NUMBER AND TITLE

1. What do you propose as a potential total diversity business enterprise percentage for this procurement:

2. Methods to identify and engage with DBEs. This will include targeted outreach strategies aimed at fostering collaboration with DBEs.

3. For this procurement, please explain the types of potential supplies or services that can be provided by a Diversity Business Enterprise Firm.

4. For this procurement, please explain the types of potential supplies or services that can be provided by a Diversity Business Enterprise Firm.

5. For this procurement, please explain the types of potential supplies or services that can be provided by a Diversity Business Enterprise Firm.

6. For this procurement, please explain the types of potential supplies or services that can be provided by a Diversity Business Enterprise Firm.

By signing below, I certify that all information provided is accurate. I understand that if I fail to provide all the required forms and/or documents, my response to this request for qualifications may be deemed "non-responsive."

NAME OF COMPANY:

DATE:

SIGNATURE OF CERTIFYING OFFICIAL OF COMPANY:

TITLE: