# 2001 DBE FORM - OFFEROR'S OUTREACH DOCUMENTATION

			INSTRUCTION	S		COMPANY NAME				
solicitation. The infor	mation recorded on this fo	rm will be evaluated to d	etermine your c	orm to record your OUTREACH EFFORTS to compliance with MNPS Diversity Business En	terprise Program requirements.	COMPANY ADDRESS (City, State, Zip) COMPANY CONTACT				
		•		offer. NOTE: If your business is classified as ponder to this procurement, you must mak		NAME & PHONE#				
ervice-aisaviea-ownea				being outreached to in the section below.	e an egort to reach out to DBEs.	RFQ NUMBER & TITLE				
	Is your compa	ny certified as a DBE?		"If Yes" indicate your *DBE Cla	ssification	Certification Ago	ency's Name			
]=	-African American Fema	de, 2=African American	ı Male, 3=Asian	PRISE CLASSIFICATIONS CODES ale, 6=Hispanic Male, 7=Native		Vative American	Male, 9= WBE, 10=SBE, 11=SDVBE			
. DBE COMPANY/ADI	DRESS (City, State, Zip)		*DBE CODE	NAME OF PERSON CONTACTED	DATE OF CONTACT		TYPE OF SER	VICES/SUPPLIES SOLICITED		
-										
		OUTREACH EFFOR	RTS		DBE RESPONSI	E TO OUTREACH EFFORT	Indicate why bid was not valid/not accepted			
Based on	your method of comm	nunication with the D	BE, check the	appropriate box(s) below.	(Indicate bel	ow "Yes" or "No")		**(See instructions on Page 2)		
Via Telephone	Face-to Face	Email		DBE Email Address	Responded to Outreach Efforts	Submitted Bid	Valid Bid			
. DBE COMPANY/ADI	DRESS (City, State, Zip)		*DBE CODE	NAME OF PERSON CONTACTED	DATE OF CONTACT		TYPE OF SER	VICES/SUPPLIES SOLICITED		
OUTREACH EFFORTS								**(See instructions on Page 2)  RVICES/SUPPLIES SOLICITED  Indicate why bid was not valid/not accepted		
Based on	your method of comn			appropriate box(s) below.		E TO OUTREACH EFFORT low "Yes" or "No")	S	, ,		
Based on Via Telephone	your method of comm			appropriate box(s) below.  DBE Email Address			S Valid Bid	, ,		
		nunication with the D		** **	(Indicate bel	ow "Yes" or "No")		, ,		
Via Telephone	Face-to Face	nunication with the D	BE, check the	DBE Email Address	(Indicate bel Responded to Outreach Efforts	ow "Yes" or "No")	Valid Bid	**(See instructions on Page 2)		
Via Telephone		nunication with the D		** **	(Indicate bel	ow "Yes" or "No")	Valid Bid	**(See instructions on Page 2)		
Via Telephone	Face-to Face	nunication with the DI Email	*DBE CODE	DBE Email Address	(Indicate bel Responded to Outreach Efforts  DATE OF CONTACT	ow "Yes" or "No")	Valid Bid  TYPE OF SER	**(See instructions on Page 2)  VICES/SUPPLIES SOLICITED		
Via Telephone . DBE COMPANY/ADI	Face-to Face  DRESS (City, State, Zip)	nunication with the DI Email OUTREACH EFFOR	*DBE CODE	DBE Email Address	(Indicate bel Responded to Outreach Efforts  DATE OF CONTACT  DBE RESPONSI	ow "Yes" or "No") Submitted Bid	Valid Bid  TYPE OF SER	**(See instructions on Page 2)  VICES/SUPPLIES SOLICITED  **Indicate why bid was not valid/not accepted		
Via Telephone . DBE COMPANY/ADI	Face-to Face  DRESS (City, State, Zip)	nunication with the DI Email OUTREACH EFFOR	*DBE CODE	DBE Email Address  NAME OF PERSON CONTACTED	(Indicate bel Responded to Outreach Efforts  DATE OF CONTACT  DBE RESPONSI	ow "Yes" or "No")  Submitted Bid  E TO OUTREACH EFFORT	Valid Bid  TYPE OF SER	**(See instructions on Page 2)  VICES/SUPPLIES SOLICITED  **Indicate why bid was not valid/not accepted		
Via Telephone . DBE COMPANY/ADI Based on	Face-to Face  DRESS (Gity, State, Zip)  your method of comm	nunication with the DI Email OUTREACH EFFOR nunication with the DI	*DBE CODE	DBE Email Address  NAME OF PERSON CONTACTED  appropriate box(s) below.	(Indicate bet Responded to Outreach Efforts  DATE OF CONTACT  DBE RESPONSI (Indicate bet	ow "Yes" or "No")  Submitted Bid  E TO OUTREACH EFFORT ow "Yes" or "No")	Valid Bid  TYPE OF SER	**(See instructions on Page 2)  VICES/SUPPLIES SOLICITED  **Indicate why bid was not valid/not accepted		
Via Telephone  . DBE COMPANY/ADI  Based on  Via Telephone	Face-to Face  DRESS (Gity, State, Zip)  your method of comm Face-to Face	nunication with the DI Email OUTREACH EFFOR nunication with the DI	*DBE CODE	DBE Email Address  NAME OF PERSON CONTACTED  appropriate box(s) below.	(Indicate bet Responded to Outreach Efforts  DATE OF CONTACT  DBE RESPONSI (Indicate bet	ow "Yes" or "No")  Submitted Bid  E TO OUTREACH EFFORT ow "Yes" or "No")	Valid Bid  TYPE OF SER  S  Valid Bid	**(See instructions on Page 2)  VICES/SUPPLIES SOLICITED  **Indicate why bid was not valid/not accepted (See examples of reasons on Page 2)		
Via Telephone . DBE COMPANY/ADI Based on	Face-to Face  DRESS (Gity, State, Zip)  your method of comm Face-to Face	nunication with the DI Email OUTREACH EFFOR nunication with the DI	*DBE CODE  TS  BE, check the	DBE Email Address  NAME OF PERSON CONTACTED  appropriate box(s) below.  DBE Email Address	(Indicate bel Responded to Outreach Efforts  DATE OF CONTACT  DBE RESPONSI (Indicate bel Responded to Outreach Efforts	ow "Yes" or "No")  Submitted Bid  E TO OUTREACH EFFORT ow "Yes" or "No")	Valid Bid  TYPE OF SER  S  Valid Bid	**(See instructions on Page 2)  VICES/SUPPLIES SOLICITED  **Indicate why bid was not valid/not accepted (See examples of reasons on Page 2)		
Via Telephone  . DBE COMPANY/ADI  Based on  Via Telephone	Face-to Face  DRESS (Gity, State, Zip)  your method of comm Face-to Face	nunication with the DI Email OUTREACH EFFOR nunication with the DI	*DBE CODE  *DBE CODE  *DBE CODE	DBE Email Address  NAME OF PERSON CONTACTED  appropriate box(s) below.  DBE Email Address	(Indicate bel Responded to Outreach Efforts  DATE OF CONTACT  DBE RESPONSI (Indicate bel Responded to Outreach Efforts  DATE OF CONTACT	ow "Yes" or "No")  Submitted Bid  E TO OUTREACH EFFORT ow "Yes" or "No")	Valid Bid  TYPE OF SER  Valid Bid  TYPE OF SER	**(See instructions on Page 2)  VICES/SUPPLIES SOLICITED  **Indicate why bid was not valid/not accepted (See examples of reasons on Page 2)		
Via Telephone  . DBE COMPANY/ADI  Based on  Via Telephone  . DBE COMPANY/ADI	Face-to Face  DRESS (Gity, State, Zip)  your method of comm Face-to Face  DRESS (Gity, State, Zip)	email  OUTREACH EFFOR  Benail  OUTREACH EFFOR  Email  OUTREACH EFFOR	*DBE CODE  *DBE CODE  *DBE CODE	DBE Email Address  NAME OF PERSON CONTACTED  appropriate box(s) below.  DBE Email Address	Contact bela Responded to Outreach Efforts  DATE OF CONTACT  DBE RESPONSI  (Indicate bela Responded to Outreach Efforts  DATE OF CONTACT  DBE RESPONSI	ow "Yes" or "No")  Submitted Bid  E TO OUTREACH EFFORT ow "Yes" or "No")  Submitted Bid	Valid Bid  TYPE OF SER  Valid Bid  TYPE OF SER	**(See instructions on Page 2)  VICES/SUPPLIES SOLICITED  **Indicate why bid was not valid/not accepted (See examples of reasons on Page 2)  VICES/SUPPLIES SOLICITED		
Via Telephone  . DBE COMPANY/ADI  Based on  Via Telephone  . DBE COMPANY/ADI	Face-to Face  DRESS (Gity, State, Zip)  your method of comm Face-to Face  DRESS (Gity, State, Zip)	email  OUTREACH EFFOR  Benail  OUTREACH EFFOR  Email  OUTREACH EFFOR	*DBE CODE  *DBE CODE  *DBE CODE	DBE Email Address  NAME OF PERSON CONTACTED  appropriate box(s) below.  DBE Email Address  NAME OF PERSON CONTACTED	Contact bela Responded to Outreach Efforts  DATE OF CONTACT  DBE RESPONSI  (Indicate bela Responded to Outreach Efforts  DATE OF CONTACT  DBE RESPONSI	ow "Yes" or "No")  Submitted Bid  E TO OUTREACH EFFORT ow "Yes" or "No")  Submitted Bid	Valid Bid  TYPE OF SER  Valid Bid  TYPE OF SER	**(See instructions on Page 2)  VICES/SUPPLIES SOLICITED  **Indicate why bid was not valid/not accepted (See examples of reasons on Page 2)  VICES/SUPPLIES SOLICITED  Indicate why bid was not valid/not accepted		

#### 2001 DBE FORM - OFFEROR'S OUTREACH DOCUMENTATION

COMPANY NAME	
RFQ NUMBER & TITLE	

#### \*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

5. DBE COMPANY/AD	DBE COMPANY/ADDRESS (City, State, Zip)			NAME OF PERSON CONTACTED	DATE OF CONTACT		TYPE OF SER	VICES/SUPPLIES SOLICITED	
		OUTREACH EFFOR	TS		DBE RESPONS	E TO OUTREACH EFFORT	ľS	Indicate why bid was not valid/not accepted	
Based on	your method of com	munication with the DB	BE, check the a	appropriate box(s) below.	(Indicate bel	low "Yes" or "No")		**(See instructions on Page 2)	
Via Telephone	Face-to Face	Email		DBE Email Address	Responded to Outreach Efforts	Submitted Bid	Valid Bid		
5. DBE COMPANY/AD	DRESS (City, State, Zip)		*DBE CODE	NAME OF PERSON CONTACTED	DATE OF CONTACT		TYPE OF SER	VICES/SUPPLIES SOLICITED	
		OUTREACH EFFOR	TS		DBE RESPONS	E TO OUTREACH EFFORT	rs .	Indicate why bid was not valid/not accepted	
Based on	your method of com	munication with the DB	BE, check the a	appropriate box(s) below.	(Indicate bel	low "Yes" or "No")		**(See instructions on Page 2)	
Via Telephone	ı Telephone Face-to Face Email			DBE Email Address	Responded to Outreach Efforts	Submitted Bid	Valid Bid		
7. DBE COMPANY/AD	DRESS (City, State, Zip)		*DBE CODE	NAME OF PERSON CONTACTED	DATE OF CONTACT		TYPE OF SER	VICES/SUPPLIES SOLICITED	
		OUTREACH EFFOR	TS		DBE RESPONS	E TO OUTREACH EFFORT	TS .	Indicate why bid was not valid/not accepted	
Based on	your method of com	munication with the DB	BE, check the a	appropriate box(s) below.	(Indicate bel	low "Yes" or "No")		**(See instructions on Page 2)	
Via Telephone	Face-to Face	Email		DBE Email Address	Responded to Outreach Efforts				
**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.									
<b>EXAMPLE:</b> (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.									
	• 0 0	•	-	rovided is accurate. This form docu lenied the contract award.	ments the contractor/supplic	er named above claim	of DBE outreac	h. I understand that if I fail to provide this	
	COMPANY NAME						DATE		

TITLE

SIGNATURE OF CERTIFYING OFFICIAL

# 2002 DBE FORM - OFFEROR'S PROPOSED UTILIZATION PLAN

	SECTIO	ON ONE INSTRUCTIONS				
PLEASE RESPOND TO ALL QUESTIONS IN BOTH SECTIONS OF THIS FORM. (as indicated on DBE Form 2001). Use this form to record the DBEs you propose this form will be evaluated to determine your compliance with MNPS Diversequirements. Failure to respond to ALL questions and submit this form may realf your business is classified as an MBE, WBE, SBE, or SDVBE, you are NOT exert responder to this procurement, your outreach efforts must indicate a propose DO NOT list your company's name below in the DBE "Proposed Utilization Plane percentage of work your company will self-perform and the percentage of work your company will self-perform."	to use. The information recorded on sity Business Enterprise Program esult in a non-responsive offer. Note: npt from completing this form. As a d plan to achieve DBE participation. "section below. *DO indicate the	COMPANY NAME ADDRESS (City, State, Zip) COMPANY CONTACT NAME RFQ NUMBER & TITLE OFFER'S TOTAL			PHONE NUMBER	
subcontractors in the appropriate boxes on Page 3, Section	2, of this form.	DOLLARS				
	SECTION ONE DD	OPOSED DBE PARTICIPATION PLAN				
INSTRUCTIONS: List each DBE that you			ded to record the	DRFs von may du	nlicato this form	
*DBE CODES: 1=African American Female, 2=African American Male.						n-W/DE 10-CDE 11-CDVDE
1. DBE COMPANY NAME	, 5—Asian remaie, 4—Asian maie, 5- *DBE CODE	ADDRESS/City/State/			PHONE	9-WDE, 10-SDE, 11-SDVDE
1. DDL COM ANT MAILE	DDL CODE	ADDITESSICALLY STATE	zıh	11111	HONE	
Supplies/Service	es Provided		Dollar Value	of Services	DBE Percen	tage of Total RFQ
Name of DBE Certification Agency		Copy of Certification Attached?	Certification I	Expiration Date	Comments:	
0 •		10		•	-	
2. DBE COMPANY NAME	*DBE CODE	ADDRESS/City/State/	Zip	TELE	PHONE	
Supplies/Servic	as Dravidad		Dollar Value	of Sarvigas	NRF Darean	itage of Total RFQ
Supplies/Service	OS 110 MUCU		Donai vaide	OL DEL VICES	DDL I el Cell	nago or rotaritry
Name of DBE Certification Agency		Copy of Certification Attached?	Certification I	xpiration Date	Comments:	
3. DBE COMPANY NAME	*DBE CODE	ADDRESS/City/State/	7in	TELE	PHONE	
OF DEL COME AND PARTIES	DDD CODE	ADDIESS/MIS/State/	r.i.h	1 1010	13111	
Supplies/Service	es Provided		Dollar Value	of Services	DBE Percen	tage of Total RFQ
Name of DBE Certification Agency	Copy of Certification Attached?	Certification I	Expiration Date	Comments:		

### 2002 DBE FORM - OFFEROR'S PROPOSED UTILIZATION PLAN

		TIMEOR STROT OSED CILLERIIO.	1 22 2 1				
SECTION ONE -RECORD PROPOSED DIVERSITY BUSINESS ENTERPRISE FIRMS							
COMPANY NAME							
RFQ NUMBER & TITLE							
	SECTION ONE - PI	ROPOSED 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							
"DBE CODES: 1—AIFICAN AMERICAN FEMAIE, 2—AIFICAN AMERICAN MAIE	, 5—ASIAN FEMAIC, 4—ASIAN MAIC, 5	-				7- WBE, 10-SBE, 11-SDVBE	
4. DBE COMPANY NAME	*DBE CODE	ADDRESS/City/State/	Zip	ip TELEPHONE			
					DDE D		
Supplies/Service	ees Provided		Dollar Value	of Services	DBE Percen	tage of Total RFQ	
Name of DBE Certification Agency		Copy of Certification Attached?	Certification I	xpiration Date	Comments:		
				1			
5. DBE COMPANY NAME	*DBE CODE	ADDRESS/City/State/	Zin	ТЕГЕРНОМЕ			
			<b>r</b>				
Supplies/Service	es Provided		Dollar Value	of Services	DBE Percen	tage of Total RFQ	
Name of DBE Certification Agency		Copy of Certification Attached?	Certification I	xpiration Date	Comments:		
6. DBE COMPANY NAME	*DBE CODE	ADDRESS/City/State/	Zip	TELE	PHONE		
Supplies/Servio	ces Provided		Dollar Value	of Services	DBE Percen	tage of Total RFQ	
Name of DBE Certification Agency		Copy of Certification Attached?	Certification I	xpiration Date	Comments:		
7. DBE COMPANY NAME	ADDRESS/City/State/	Zip	TELE	PHONE			
Supplies/Servio	ees Provided		Dollar Value of Services DBE Percentage of			tage of Total RFQ	
Name of DRF Certification Agency	Certification I	vniration Date	Comments.				

#### 2002 DRE FORM - OFFEROR'S PROPOSED UTILIZATION PLAN

				200.	2 DDE TUIMI - OF	TEMUN STRUTU	SED UTILIZATION	LAN				
					SECTIO	N TWO INSTRUCT	TONS					
			ımmarize and record	-					COMBANY NAME			
information recorded				-	•				COMPANY NAME			
submit this form may re	sult in a non-respons		-		•	OT exempt from comp	oleting this form. You	must complete this	RFQ			
		jor	m to show your outre Non-DBE Prin			-DBE	DBE Prime	Contractor	NUMBER & TITLE DI		Total	Dollars
			Self-Perfori				Self-Performed Dollars		Subcontractor Dollars		(Prime+Non-DBE+DBE Dollars)	
SUMMARY CONTRAC	T DOLLARS AND DBE	PARTICIPATION	Self Terrori	incu ponars	Subcontractor Dollars		Sen-r eriorinea Donars		Subcontractor bonars		(1 Time + Non-DDL + DDL Donats)	
			Percentage		Percentage		Percentage		Percentage		Percentage	
DBE Offeror and/or	MBE African	MBE Asian	MBE Hispanic	MBE Native	MBE African	MBE Asian	MBE Hispanic	MBE Native				Total
DBE Subcontractor	American Male	Male	Male	American Male	American	Female	Female	Female	WBE	SBE	SDVBE	DBE
Company Name	Dollars	Dollars	Dollars	Dollars	Female Dollars	Dollars	Dollars	Dollars	Dollars	Dollars	Dollars	Dollars
Total Dollars												
Total Percentages	fotal Percentages for the first form of the firs											
	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 o provide this required form, my offer may be deemed "non-responsive," and I may be denied the contract award.											

OFFICIAL'S TITLE

SIGNATURE OF CERTIFYING OFFICIAL

DATE

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

	INSTRUCTIONS											COMPANY NAME				
on this Form will be incor	ETED AND SUBMITTED TO M porated into your contrac orted monthly on "DBE For	t and monitored m	nonthly. Monitor port of Payment	ing will consist of revie	ewing monthly rep Enterprise Firms.'	oorts that validate ' IMPORTANT NOT	your DBE utilizatio	on and DBE payme	nts. Your DBE com	mitment listed on		S (City, State, Zip)				
SUMMARY CONTRACT DOLLARS AND DBE PARTICIPATION		Non-DBE Prime Contractor Self-Performed Dollars		% of Non-DBE Prime Contractor's Self- Performed Dollars	Non- Subcon Doll	DBE tractor	E % of Non DBE DBE % of DBE Prime Contractor Subcontractor Prime Contractor's Contractor				ubcontractor Subcontractor		Total Contract Dollars (Prime +Non DBE + DBE Dollars)			
	CONTRAC	TS AWARDED				DIVERSITY	BUSINESS ENTERPF	RISE CLASSIFICATION	DNS (attach a copy	of the appropriat	e DBE Certificate o	f Certification or	Metro Nashville Sn	ıall Business Appro	oval 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 (List all DBE Subs below)	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 CONTR	ACTOR DOLLARS													
	TO	TAL DBE SUBCONTR	ACTOR DOLLARS													
	TOTAL DBE CONTRACTOR A	ND DBE SUBCONTR	ACTOR 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.																
SI	GNATURE OF COMPANY'S CE	RTIFYING OFFICIAL					TITLE					DATE				

# 2003 - DBE FORM - PAYMENTS TO DIVERSITY BUSINESS ENTERPRISE FIRMS

					SECT	ION ONE INSTRU		Oldi TATIMA						COMPANY NAME				
		TH YOUR MONTHLY PAY											COMPANY ADDRE	SS (City, State, Zip)				
		e and Two'' of this form 'Section One,'' and pa		•			•••							CT# DESCRIPTION				
PAY APPLICATION	Pay Application/ Invoice Date	Pay Application/ Invoice Number	Pay Application Period	Pay Application Amount		SUMMARY CONTRACT	Non-DBE Prime Contractor Dollars	DBE Prime s Contractor Dollars	Non-DBE Subcontractor Dollars	DBE Subcontractor Dollars	Total Contract Dollars	SUMMARY DOLLARS	Non-DBE Prime Contractor Dollars Paid	DBE Prime Contractor Dollars Paid	Non-DBE Subcontractor Dollars Paid	DBE Subcontractors Dollars Paid	DOL	TAL LARS AID
SUMMARY						DOLLARS						PAID						
DIVERSITY BUSINESS ENTERPRISE CONTRACTS AWARDED (The information should match the information recorded on DBE 2002A Form )								IMPORTA		S PAID (DIVERSITY below must have a cur			,	val Letter			DBE PA	YMENTS
SECTION ONE: DBE CONTRACTOR NAME	Services Provided by DBE Prime Contractor	Dollar Value of DBE Self-Performed Work	Contractor Orders Change Order Dollars (+/-)	Total Contractor Dollars	%	MBE African American Male	MBE Asian Male	MBE Hispanic Male	MBE Native American Male	MBE African American Female	MBE Asian Female	MBE Hispanic Female	MBE Native American Female	WBE	SBE	SDVBE	DBE Contractor Dollars Paid	Outstanding DBE Contractor Dollars
SECTION TWO: SUBCONTRACTOR NAME	Services Provided By DBE Subcontractors	Dollar Value of Work Performed by DBE Subcontractors	DBE Subcontractor Change Orders Dollars (+/-)	Total DBE Subcontractor Dollars	%	MBE African American Male	MBE Asian Male	MBE Hispanic Male	MBE Native American Male	MBE African American Female	MBE Asian Female	MBE Hispanic Female	MBE Native American Female	WBE	SBE	SDVBE	DBE Subcontractor Dollars Paid	Outstanding DBE Subcontractor Dollars
	TOTAL-DBE CO	ONTRACTOR DOLLARS																
	TOTAL DBE SUBC	ONTRACTOR DOLLARS																
		TOTAL DBE DOLLARS																

# 2003 - DBE FORM - PAYMENTS TO DIVERSITY BUSINESS ENTERPRISE FIRMS

SECTION THREE INSTRUCTIONS															
	monthly payments to the Prime Contractor, Non to determine your contract's commitment to use NOT		ay delay your monthly pa				CONT	COMPANY NAME							
Record below the month and year of each payment	DBE CONTRACTOR DOLLARS: (Use the columns below to record dollars month/year to the DBE contracto	-	(Use the col	umns below to list t	he name of each Di	BE Subcontractor.	DBE SUBCONTRACTORS  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	DBE NAME
QUARTERLY TOTAL															
OUADTEDLY 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.														
SIGN	SIGNATURE OF COMPANY'S CERTIFYING OFFICIAL DATE														

# $\hbox{\it ``Example of a DBE Form Completed by a DBE Offeror''}\\$

# 2004 DBE FORM - OFFEROR'S HISTORY OF DBE UTILIZATION

INSTRUCTIONS SECTION ONE											
This section of the form is designated to detail your track record in	achiaving Nivarcity Rusinass Ent	erprise (DRE) participation. The information	COMPANY NAME								
provided will be reviewed and evaluated to assess your capability in	•		ADDRESS (CITY, STATE, ZIP)								
is important to note that even if your business is classified as a min	ority, women, small, or service-c	lisabled-owned business, you are not exempt	COMPANY CONTACT NAME								
from completing this form. As an Offeror, strict adherence to this re			CONTACT TELEPHONE NUMBER								
DBE participation is mandatory. Failure to duly complete and ret	ırn ınıs jorm may teaa to tne cta	ssification of your offer as non-responsive.	QBS NUMBER AND TITLE								
PLEASE INDICATE IF YOUR FIRM IS A DBE	IF, YES, PROVIDE NAME O	F MINORITY, WOMEN, SMALL, OR SERVICE-DIS	" SABLED-OWNED BUSINESS, CERTIFICATION	ON AGENCY	CERTFICATION 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 o	r 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 o	r 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 o	r 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 SE	INSTRUCTIONS SECTION TWO									
In order to achieve Diversity Business Enterprise (DBE) participation for this procurement, please indicate below, your methods to identify and	COMPANYALAM									
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	COMPANY NAME									
process.	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 Busin	ess Enterprise Firm.									
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5. For this procurement, please explain the types of potential supplies or services that can be provided by a Diversity Busin	ess 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 fo	orms and/or documents, my response to this requ	uest for qualifications may be deemed "non-responsive."								
NAME OF COMPANY:		DATE:								
SIGNATURE OF CERTIFYING OFFICAL OF COMPANY:		TITLE:								