

**INDIANA DEPARTMENT OF TRANSPORTATION
DBE-3 REQUEST PACKAGE**

| | |
|---|-----------------|
| Prime Contractor | Contract Number |
| <p>I hereby submit the following DBE-3 Form(s), DBE Credit Worksheet, and Good Faith Efforts Summary for the above referenced contract. With this submission, I have included an explanation for any deficiencies in our inability to meet the overall DBE contract goal and/or any individual DBE commitment(s) that were identified on the Affirmative Action Certification that was submitted with our bid proposal to INDOT. My explanation includes: (1) reason(s) for each deficiency; (2) what, if any, opportunities existed to compensate for each deficiency; (3) what, if any, good faith efforts were taken to account for each deficiency; and (4) the results of those good faith efforts.</p> <p>_____</p> <p>Signature and Title of Authorized Representative</p> <p>_____</p> <p>Date</p> <p><i>IMPORTANT: All requested documentation must be submitted to INDOT in one complete package within 30 calendar days from receipt of this email. DBE-3 Form(s) must be completed for each DBE firm that was utilized on this contract, whether there was a stated DBE goal or not. Please be advised that this contract will not be closed without a complete submission. Failure to provide INDOT with the requested documentation may result in loss of DBE participation credit and possible referral to INDOT's Prequalification Committee for administrative remedies.</i></p> <p>Any questions regarding the material contained herein can be directed to the Contract Compliance group at: DBE3@indot.IN.gov</p> | |

Completed forms must be submitted to DBE3@indot.IN.gov

**INDIANA DEPARTMENT OF TRANSPORTATION
DISADVANTAGED BUSINESS ENTERPRISE UTILIZATION AFFIDAVIT**

In compliance with the Disadvantaged Business Enterprise requirements set out in Contract: _____, the below signed persons, representing the Prime Contractor and the Disadvantaged Business Enterprise, do hereby certify, declare and affirm that the amounts show below, were paid to and received by, the Disadvantaged Business Enterprise identified herein, who performed subcontract work, provided materials, or rendered any other service in the carrying forward, performing and completing of said contract. **Entered amounts represents all monies due for participation on this contract.**

The DBE was utilized as a: Subcontractor Lessor Supplier (Manufacturer) Supplier (Regular Dealer) Supplier (Broker)

Description of services provided:

By signing, I declare and affirm under the penalty of perjury that the information provided in this affidavit is true and correct.

Amount paid to: _____; \$ _____
(Name of DBE Firm)

Prime Contractor: _____, Printed Name: _____

Date: _____, Title: _____, Signature: _____

By signing, I declare and affirm under the penalty of perjury that the information provided in this affidavit is true and correct.

Amount received from: _____; \$ _____
(Name of the Prime Contractor)

DBE Firm: _____, Printed Name: _____

Date: _____, Title: _____, Signature: _____

**INDIANA DEPARTMENT OF TRANSPORTATION
DISADVANTAGED BUSINESS ENTERPRISE SUPPLEMENT TRUCKING AFFIDAVIT**

This affidavit is to be utilized **only** when a DBE Trucking Company is under agreement on an INDOT federal-aid contract and supplements its own transportation equipment with equipment from another hauling firm (DBE and/or non-DBE alike).

In order to comply with the Disadvantaged Business Enterprise requirements set out in Contract: _____, the below signed persons, representing the DBE Trucking Company does hereby certify and swear that the amounts shown below, were paid to and received by, the hauling firm(s) identified herein for services of said contract.

Amount paid to: _____; \$ _____
(Name of DBE Trucking Company Employed by Prime Contractor)

Amount paid to: _____; \$ _____
(Name of Supplemental Trucking Company) This company was a; DBE, Non-DBE

Amount paid to: _____; \$ _____
(Name of Supplemental Trucking Company) This company was a; DBE, Non-DBE

Amount paid to: _____; \$ _____
(Name of Supplemental Trucking Company) This company was a; DBE, Non-DBE

Amount paid to: _____; \$ _____
(Name of Supplemental Trucking Company) This company was a; DBE, Non-DBE

Amount paid to: _____; \$ _____
(Name of Supplemental Trucking Company) This company was a; DBE, Non-DBE

Amount paid to: _____; \$ _____
(Name of Supplemental Trucking Company) This company was a; DBE, Non-DBE

Amount paid to: _____; \$ _____
(Name of Supplemental Trucking Company) This company was a; DBE, Non-DBE

By signing, I declare and affirm under the penalty of perjury that the information provided in this affidavit is true and correct:

Name of DBE Trucking Company Supplementing its Fleet

Printed Name

Date

Title

Signature