

**Alabama Department of Transportation
Disadvantaged Business Enterprise (DBE) Utilization Plan**

Original ☐
Revised ☐

Project Number: _____
County: _____
Letting Date: _____
Percent DBE Utilization Required: _____

Contractor Name: _____
Address: _____
Contract Amount: _____

DBE Firm Name & Certification Number	Type of Firm ³	Pay Item No.	Description of Work (include quantities and subcontract unit prices <i>OR</i> list the type of work and attach additional pages for details)	Joint ⁴ Checks	Dollar Amount
Name: Cert. Number:					
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Instructions:

1. This plan must be submitted within 5 calendar days of the letting date.
2. The plan must indicate the contractor will meet the DBE goal noted in the proposal or documentation of good faith efforts must be attached.
3. Type of Firm – Contractor, Supplier, or Manufacturer
4. If joint checks will be used with a DBE Firm, indicate with “Yes” in the box and attach a copy of the applicable joint check agreement.

Total Dollar Amount to DBEs: _____

Required Dollar Amount of DBE Utilization: _____

ALDOT Approval: _____

Date: _____

Project Number: _____

County: _____

Certification of Prime Contractor:

I do hereby agree to commit this firm to use the certified DBE subcontractor(s) to perform the above described work in this contract. I hereby certify that all DBE subcontractor activities on this contract shall be performed in accordance with the current 49CFR Part 26 Regulations. I certify that all DBE activities, both race conscious and race neutral, shall be properly reported. I further certify that the reporting of DBE activities shall be in accordance with the above Regulations.

Print name of Authorized Representative: _____

Signature of Authorized Representative: _____

Date: _____

Certification of Non-DBE Subcontractor: _____

I hereby certify that my DBE Subcontractor(s) on this contract shall perform all activities in accordance with the current 49CFR Part 26 Regulations. I certify that all DBE activities, both race conscious and race neutral, shall be properly reported. I further certify that the reporting of DBE activities shall be in accordance with the above Regulations.

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Date: _____

Certification of DBE Subcontractor: _____

DBE Certification Number: _____

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