

THIS INFORMATION MUST BE SUBMITTED, ALONG WITH THE FTA CERTIFICATIONS, IN A SEPARATE SEALED ENVELOPE MARKED "ENVELOPE NO. 2--DBE REPORT/FTA CERTIFICATES." (To be completed by prime contractor)

D1. DBE PROGRAM SPECIAL PREQUALIFICATION REPORT/COVER SHEET

Project Name: _____

Bidder's Name: _____

Bidder's Contact Person: _____

Contact Person's Telephone Number: _____

BIDDER CERTIFICATION

I, _____, hereby declare and affirm that I am a duly authorized representative of _____ and that I have personally reviewed the material and facts set forth in and submitted in this DBE Utilization Plan and, to the best of my knowledge and belief, the information in this Plan is true and correct.

Furthermore, the undersigned shall enter into formal written agreements with all listed DBE firms for work as indicated in this Plan and shall enter into such agreements within five (5) working days after receipt of the contract executed by the City of Madison, Wisconsin.

I, further declare and affirm that:

We have met the 15% assigned DBE Goal ()

or

We request a Good Faith Efforts Waiver ()

SIGNATURE _____

NAME _____

TITLE _____

FIRM NAME _____

DATE _____

**D2. DBE PROGRAM SPECIAL PREQUALIFICATION DBE UTILIZATION REPORT
(Prime contractor to complete a report for each DBE utilized)**

**Name of
DBE Firm:** _____

Address
DBE Firm: _____

**DBE Firm
Contact Person:** _____

**Contact Person's
Telephone Number:** _____

THIS DBE WILL BE A: (Check One)

Sub-contractor Supplier Joint Venture Partner

Type of work this DBE will perform:

List total value of commitment to this firm: \$_____.

List total percentage of commitment to this DBE: _____%

D3. DBE PROGRAM SPECIAL PREQUALIFICATION REPORT/LETTER OF INTENT FROM DBE TO PERFORM AS SUBCONTRACTOR, SUPPLIER AND/OR CONSULTANT (To be completed by each DBE)

To: _____ and the City of Madison
(Name of Prime Contractor)

From: _____
(Name of DBE Firm)

The undersigned is prepared to provide the following described services or supply the following described goods in connection with the following project/contract.

Project Name: _____

DBE Firm's Contact Person: _____

Contact Person's Telephone Number: _____

THIS DBE FIRM WILL BE A: (Check One) **Sub-contractor** **Supplier**
 Joint Venture Partner

This firm will perform the following type of work:

List total value of commitment to this firm: \$_____.

If more space is needed to fully describe the DBE firm's proposed scope of work and/or payment schedule, attach additional sheets.

The undersigned will enter into a formal written agreement with the Prime Contractor, conditioned upon the Prime Contractor's execution of a contract with the City of Madison, Wisconsin, and will do so within five (5) working days of the Prime Contractor's knowledge of said contract award.

The DBE status of the undersigned has been certified by the City of Madison, Wisconsin, or the Wisconsin Unified Certification Program. A copy of said certification is attached to this Letter of Intent.

Notice: If the DBE firm is not certified by the City or the Wisconsin Unified Certification Program, by the bid submission date the firm's participation in accordance with 49 CFR Part 26 Section 26.55(f) cannot be counted towards the attainment of DBE Goals.

SIGNATURE _____

NAME _____

TITLE _____

FIRM NAME _____

DATE _____

D4. DBE PROGRAM SPECIAL PREQUALIFICATION REPORT CERTIFICATION OF LOWER-TIER PARTICIPANTS (SUBCONTRACTOR/SUBCONSULTANT) REGARDING DEBARMENT, SUSPENSION, AND OTHER INELIGIBILITY AND VOLUNTARY EXCLUSION (To be completed by each DBE)

The lower-tier participant (potential subcontractor), _____, certifies, by submission of this proposal or bid, that neither it nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.

(If the lower-tier participant [potential subcontractor] is unable to certify to any of the statements in this certification, such participant shall attach an explanation to this certification.)

THE LOWER-TIER PARTICIPANT (POTENTIAL SUBCONTRACTOR) CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED ON OR WITH THIS CERTIFICATION AND UNDERSTANDS THAT THE PROVISIONS OF 31 U.S.C. SUBSECTION 3801 ET SEQ. ARE APPLICABLE THERETO.

SIGNATURE _____

NAME _____

TITLE _____

FIRM NAME _____

DATE _____

The undersigned official representative for the _____ (entity) hereby certifies that the _____ (entity) has authority under State and local law to comply with the subject assurances and that the certification above has been legally made.

SIGNATURE _____

NAME _____

TITLE _____

FIRM NAME _____

DATE _____

AFFIDAVIT

STATE OF _____)

) ss

COUNTY OF _____)

The undersigned, having been first duly sworn, says that the information given in the above certificate is true and correct to the best of his/her knowledge and belief.

Signed: _____
Authorized Representative

Subscribed and sworn to before me:

This _____ day of _____, 20____

Signed: _____
Notary Public

My commission expires _____, 20____.

D5. CERTIFICATE OF GOOD-FAITH EFFORTS

The intent of this certification is to document the good faith efforts implemented by the bidder in soliciting and utilizing DBE firms to meet DBE participation requirements. This certificate will assist Madison Metro in determining whether the apparent successful contractor has implemented comprehensive good faith efforts. Failure to implement “good faith” efforts to the satisfaction of the City of Madison could result in the rejection of the proposal.

I, _____, do hereby acknowledge that I am the authorized representative of _____, and am submitting this good faith certificate to document efforts undertaken by our firm to meet the assigned DBE goal.

RFP No.	RFP Title	Total Contract Amount	DBE Percentage	
			Goal	Pledged

I. Provide a brief summary as to why you believe your firm is unable to meet the DBE participation goals on this project (Attach additional pages if necessary.)

II. I hereby certify that I have utilized comprehensive “good faith” efforts to solicit and utilize DBE firms to meet the DBE participation requirements of this contract proposal, as demonstrated by my responses to the following questions:

A. Identifying Work Items for DBE Participation:

Bidders are encouraged to select portions of work to be performed by DBEs in a manner which will increase the likelihood of meeting DBE goals. In selecting work to be performed, bidders will consider, where appropriate, direct opportunities for participation

by DBEs. A bidder can also meet the goal by purchasing goods and supplies from suppliers of goods certified as DBE firms.

1. Which portion(s) or section(s) of the contract proposal, in terms of the nature of work, were selected for direct participation by DBEs.

2. What efforts were undertaken to purchase goods and services from certified DBE firms? Were any efforts made to break down the purchasing contract into economically feasible units to facilitate DBE participation?

B. Notifying All Firms of Contracting/Consulting Opportunities

1. In the table below, indicate all firms (DBEs and non DBEs) which received written or other forms of notification of the participation opportunities on the proposal. In the appropriate space, also indicate when firms received subsequent telephone solicitations. Please attach additional page(s) so that all companies contacted are listed. (Attach photocopies of all written solicitations to DBE firms to this certificate).

Company Contacted	Date of Written Notification	DBE (Yes/No)	Date of Follow-up Telephone Call

2. Soliciting Proposals From Interested DBE Firms

Bidders must solicit proposals in good faith with interested DBE firms. Proposals from interested DBE firms must not be rejected by bidders without sound justification.

DBE Contact Report

Please complete this Report for each DBE firm(s) you contacted for this project and which were not utilized on the Project.

Name of DBE

Firm: _____

DBE Firm

Address: _____

DBE

Contact Person: _____

Contact Person's

Telephone Number: _____

Date Contacted: _____

Submitted Proposal: () Yes () No

Type of work the DBE was considered:

Reason(s) why the DBE was not selected:

3. Identify publications/media in which announcements or notifications were placed and published, if any. (Attach copies of proof of each announcement or notification.)

Published Announcement/ Name of Publication/Website	Date

4. Identify DBE associations or organizations that received written notifications, including dates of all notifications. Provide name of person and date of follow-up call. If no follow-up calls made, explain why not. (Attach copies of letter sent as proof of notification).

DBE Associations/Organizations Contacted	Date of Notification	Contact Person	Date of Follow-up Telephone Call

5. Was the City of Madison Department of Civil Rights contacted to assist in the recruitment of DBE firms?

Yes _____ No _____

Contact was made by: telephone _____ written correspondence _____

Date contacted: _____ Person Contacted: _____

C. Providing Assistance to DBEs Firms

1. Explain any efforts undertaken to provide DBE firms with adequate information about the contracting opportunities and contractual requirements:

2. Describe any efforts undertaken to assist interested DBE firms in obtaining lines of credit or insurance required by the City of Madison or the bidder/offeror:

3. Describe any other efforts initiated to provide special assistance to DBE firms interested in participating on the proposal:

D. Other evidence and documentation you want the City to consider:

NOTE: The information requested as set forth above is the minimum information required by the City. Bidders maybe asked to submit information on certain other actions taken to secure DBE participation in an effort to meet the goals.

AFFIDAVIT

STATE OF _____)

) ss

COUNTY OF _____)

The undersigned, having been first duly sworn, says that the information given in the above certificate is true and correct to the best of his/her knowledge and belief.

Signed: _____
Authorized Representative

Subscribed and sworn to before me:

This _____ day of _____, 20____

Signed: _____
Notary Public

My commission expires _____, 20____.

D6. Good-Faith Efforts Waiver Denial Request For Administrative Hearing

Your request for a good-faith efforts waiver has been denied, and you are entitled to request an administrative hearing to appeal that denial. If you wish to have such a hearing, please sign this form and return it to the City of Madison Department of Civil Rights by 4.30 p.m. on _____.

A faxed request may be sent to Norman Davis, Department of Civil Rights at (608) 266-6514

At the administrative review, a hearing officer will hear your argument why the waiver should be granted. The evidence he or she reviews will be the entire DBE participation file you submitted to the contracting officer. The hearing officer, at his or her discretion, may receive additional evidence, but any such evidence not previously submitted with your bid and participation forms, must be submitted to City at the same time you file your request for hearing. No further evidence will be received or considered if it was not submitted with this hearing request. Documents already submitted in connection with the original good-faith waiver request need not be submitted.

A hearing will be held within three (3) working days following the receipt of your hearing request. You will be notified promptly of the time and place of the hearing and the identity of the hearing officer, who may be an Airport employee not directly involved in the original good-faith waiver denial. Because of the need to promptly resolve this matter and proceed with the award of the contract, an adjournment of the hearing will be granted only upon a showing of substantial cause. Your failure to appear at the hearing constitutes a withdrawal of your request.

THE UNDERSIGNED, AN AUTHORIZED REPRESENTATIVE OF _____, HERewith REQUESTS AN ADMINISTRATIVE HEARING TO APPEAL THE DENIAL OF THE COMPANY’S GOODFAITH EFFORTS WAIVER REQUEST.

SIGNATURE: _____

TITLE: _____

DATE: _____