



CITY OF FORT WORTH
Disadvantaged Business Enterprise

Schedule of Subcontractors/Suppliers

PRIME COMPANY NAME: _____

DBE

PROJECT NAME: _____

BID DATE: _____

PROJECT NUMBER: _____

CITY'S DBE PROJECT GOAL: _____ %

Prime's DBE GOAL COMMITMENT: _____ %

Please read the following statements prior to executing this form.

Bidders/Offerors must provide information on all prospective subcontractor(s)/suppliers who submit bids/quotations in support of this solicitation. Failure to complete this form, in its entirety with supporting documentation, and received by the Managing Department on or before 5:00 p.m. five (5) City business days after bid opening, exclusive of bid opening date, will result in the bid being considered non-responsive to the bid specifications.

The bidder further agrees to provide, directly to the City upon request, complete and accurate information regarding actual work performed by all subcontractors, including DBE(s) arrangements submitted with this bid. The bidder also agrees to allow an audit and/or examination of any books, records and files held by their company that will substantiate the actual work performed by the DBE(s) on this contract, by an authorized officer or employee of the City. Any intentional and/or knowing misrepresentation of facts will be grounds for terminating the contract or debarment from City work for a period of not less than three (3) years and for initiating action under Federal, State or Local laws concerning false statements. Any failure to comply with this ordinance and creates a material breach of contract may result in a determination of an irresponsible offeror and barred from participating in City work for a period of time not less than one (1) year.

Prime contractors must identify by tier level of all subcontractors/suppliers. Tier: means the level of subcontracting below the prime contractor/consultant i.e. a direct payment from the prime contractor to a subcontractor is considered 1st tier, a payment by a subcontractor to its supplier is considered 2nd.tier. The prime contractor is responsible to provide proof of payment of all tiered subcontractors identified as a DBE and counting those dollars towards meeting the contract committed goal.

Prime contractors must also provide the previous year's annual gross receipts of all subcontractors/suppliers listed on the utilization form. This information may be expressed in the dollar ranges provided that column.

Counting DBE Participation: If materials or supplies are obtained from a DBE manufacturer, count 100 percent of the cost of the materials or supplies towards the goal. If the materials or supplies are purchased from a DBE regular dealer, count 60 percent of the cost of the materials and supplies toward the DBE goal. When materials or supplies are purchased from a DBE neither a manufacture nor a regular dealer, count the entire amount of fees or commissions charged for assistance in the procurement of the materials and supplies or fees or transportation charges for the delivery of the materials or supplies delivered to the job site. In all cases, the prime contractor is responsible to identify the amounts to be used toward the committed DBE goal.

If hauling services is utilized, separation of dollars for haul-in and haul out is required. In addition, the prime will be given credit for utilizing a DBE hauling firm as long as the DBE owns and operates a least one fully licensed and operational truck used on the contract. The DBE may lease trucks from another DBE firm, including DBE owner-operated and receive full DBE credit. The DBE may lease trucks from non-DBEs, including owner-operators, but will only receive credit for the fees and commissions earned by the DBE as outlined in the lease agreement. Note: Be mindful of the 60% rule.



CITY OF FORT WORTH
SCHEDULE OF SUBCONTRACTORS/SUPPLIERS

Check this box if any subcontractor/supplier is a Sole Source and identify by writing sole source by the subcontractor/supplier name.

NAMES AND ADDRESSES OF SUBCONTRACTORS/SUPPLIERS	TYPE OF WORK TO BE PERFORMED	Specify Tier	CERTIFIED DBE FIRM	PREVIOUS YEAR'S ANNUAL GROSS RECEIPTS (check one)
Name: Address: Phone: Fax: Email: Contact Person:	Type of Work: \$ AMOUNT:		Yes ___ No ___ Certified By: NCTRCA ___ TXDOT ___ Other ___ please <small>attach DBE certification</small>	___ less than \$500K ___ \$500K to \$2M ___ \$2M to \$5M ___ more than \$5M
Name: Address: Phone: Fax: Email: Contact Person:	Type of Work: \$ AMOUNT:		Yes ___ No ___ Certified By: NCTRCA ___ TXDOT ___ Other ___ please <small>attach DBE certification</small>	___ less than \$500K ___ \$500K to \$2M ___ \$2M to \$5M ___ more than \$5M
Name: Address: Phone: Fax: Email: Contact Person:	Type of Work: \$ AMOUNT:		Yes ___ No ___ Certified By: NCTRCA ___ TXDOT ___ Other ___ please <small>attach DBE certification</small>	___ less than \$500K ___ \$500K to \$2M ___ \$2M to \$5M ___ more than \$5M
Name: Address: Phone: Fax: Email: Contact Person:	Type of Work: \$ AMOUNT:		Yes ___ No ___ Certified By: NCTRCA ___ TXDOT ___ Other ___ please <small>attach DBE certification</small>	___ less than \$500K ___ \$500K to \$2M ___ \$2M to \$5M ___ more than \$5M



CITY OF FORT WORTH
SCHEDULE OF SUBCONTRACTOR/SUPPLIERS

NAMES AND ADDRESSES OF SUBCONTRACTORS/SUPPLIERS	TYPE OF WORK TO BE PERFORMED	Specify Tier	CERTIFIED DBE FIRM	PREVIOUS YEAR'S ANNUAL GROSS RECEIPTS (check one)
Name: Address: Phone: Fax: Email: Contact Person:	Type of Work: \$ AMOUNT:		Yes ___ No ___ Certified By: NCTRCA ___ TXDOT ___ Other ___ please <small>attach DBE certification</small>	___ less than \$500K ___ \$500K to \$2M ___ \$2M to \$5M ___ more than \$5M
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The undersigned bidder agrees to enter into a formal agreement with the DBE firms for work listed in this schedule, conditioned upon execution of a contract with the City of Fort Worth. The intentional and/or knowing misrepresentation of facts is grounds for consideration of disqualification and will result in the bid being considered non-responsive to bid specifications.

ALL DBES MUST BE CERTIFIED BY THE CITY OF FORT WORTH PRIOR TO A RECOMMENDATION FOR AWARD TO THE CITY COUNCIL.

Authorized Signature

Printed Signature

Title

Contact Name and Title (if different)

Company Name

Phone Number

Fax Number

Address

Email Address

City/State/Zip Code

Date