



CITY OF FORT WORTH
Disadvantaged Business Enterprise Office

Schedule of Subconsultants/Suppliers

PRIME COMPANY NAME: _____

DBE MWBE NON-M/W/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 subconsultants 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 sub-consultants. Tier: means the level of subcontracting below the prime contractor/consultant i.e. a direct payment from the prime contractor to a sub-consultant is considered 1st tier, a payment by a sub-consultant 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 years annual gross receipts of all sub-consultants listed on the utilization form. This information may be expressed in the dollar ranges provided that column.



CITY OF FORT WORTH
SCHEDULE OF SUBCONSULTANTS/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 SUBCONSULTANT/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 attach DBE certification	___ 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 attach DBE certification	___ 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 attach DBE certification	___ 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 attach DBE certification	___ less than \$500K ___ \$500K to \$2M ___ \$2M to \$5M ___ more than \$5M



**CITY OF FORT WORTH
SCHEDULE OF SUBCONSULTANTS/SUPPLIERS**

NAMES AND ADDRESSES OF SUBCONSULTANTS/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 attach DBE certification	___ 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 attach DBE certification	___ less than \$500K ___ \$500K to \$2M ___ \$2M to \$5M ___ more than \$5M

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 proposal being considered non-responsive to the solicitation.

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