



**DBE UTILIZATION PLAN**

Project Name: \_\_\_\_\_

I HEREBY DECLARE AND AFFIRM that I am the \_\_\_\_\_(title) and duly authorized representative of \_\_\_\_\_(name of prime contractor) and that I have personally reviewed the material and facts set forth in and submitted with this DBE Utilization Plan, including all attached letters of intent. The following correctly represents our DBE participation.

Name DBE Firms and Address	Type of Work to be Performed Contract Amount (In accordance with letters of intent)	DBE Effective <sup>1</sup> Contract Amount

Total DBE Credit: \$ \_\_\_\_\_

Total Bid Price: \$ \_\_\_\_\_

Percentage of DBE participation in this Project \_\_\_\_\_%

\_\_\_\_\_

<sup>1</sup> Effective amount is that portion of the contract amount attributable to a DBE firm as determined in accordance with 49 CFR, Part 26.



**AFFIDAVIT OF PRIME CONTRACTOR**

To the best of my knowledge, information and belief the facts and representations contained in the aforementioned DBE Utilization Plan are true and no material facts have been omitted. The undersigned will enter into formal agreements with all listed DBE firms listed in the DBE Utilization Plan and attached letters of intent for work as indicated and will enter into such agreements within five (5) business days after receipt of the contract executed by the Northern Indiana Commuter Transportation District (NICTD).

The \_\_\_\_\_(Prime Contractor) designates the following person as the Manager, Office of Contract Compliance:

\_\_\_\_\_  
(Name – Please Print or Type) (Phone Number)

I do solemnly declare and affirm under the penalties of perjury that the contents of this document and attachments are true and correct I am authorized on behalf of the above firm, to make this affidavit.

\_\_\_\_\_  
(Name of Prime Contractor – Print or Type)

\_\_\_\_\_  
(Authorized Signer Name – Print or Type)

\_\_\_\_\_  
Date Authorized Signature

\_\_\_\_\_  
Title

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before me, the undersigned officer, personally appeared \_\_\_\_\_, known to me to be the person described in the foregoing Affidavit, and acknowledged that he (she) executed the same in the capacity therein stated and for the purposed therein contained.

In witness thereof, I hereunto set my hand and official seal.

My Commission Expires: \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
(Notary Public)