



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 ¹ Contract Amount

Total DBE Credit: \$ _____

Total Bid Price: \$ _____

Percentage of DBE participation in this Project _____ %

¹ 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.

Authorized Signature Printed/Typed Name

Title Date

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 s/he 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