Professional Services – Attachment H

Subconsultant Tracking form for DOT-Assisted/State Funded Projects

Disadvantaged Business Enterprise

Proposal Title: _____

Agreement #: _____

FAP #: _____

Date of Bid: _____

# of Subcontracts: _____

# of Supply Contracts: _____

1. _____
Name of DBE Subconsultant

_____
Address

Age of DBE Firm: _____
Annual Gross Receipts: * _____

2. _____
Name of DBE Subconsultant

_____
Address

Age of DBE Firm: _____
Annual Gross Receipts: * _____

3. _____
Name of DBE Subconsultant

_____
Address

Age of DBE Firm: _____
Average Annual Gross Receipts: * _____

Non-Disadvantaged Business Enterp

Proposal Title: _____

Agreement #: _____

FAP #: _____

Date of Bid: _____

# of Subcontracts: _____

# of Supply Contracts: _____

1. _____
Name of Non-DBE Subconsultant

_____
Address

Age of Non-DBE Firm: _____
Annual Gross Receipts: * _____

2. _____
Name of Non-DBE Subconsultant

_____
Address

Age of Non-DBE Firm: _____
Annual Gross Receipts: * _____

3. _____
Name of Non-DBE Subconsultant

_____
Address

Age of Non-DBE Firm: _____
Average Annual Gross Receipts: * _____

***** Please make additional copies if necessary*****

*** Chose the letter which corresponds to the appropriate range:**

A. Less than $1 Million
B. $1 Million - $5 Million
C. $5 Million - $10 Million
D. $10 Million & Above