Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
III. All first-tier DBE Manufacturers (100% credit)			
Name _____ _____ Address _____ _____ _____ Phone Number _____ Age of Firm _____ Annual Gross Receipts as of Last Tax Year: $_____	DBE Certificate No _____		Base Bid $_____ Option A $_____ Option B $_____
Name _____ _____ Address _____ _____ _____ Phone Number _____ Age of Firm _____ Annual Gross Receipts as of Last Tax Year: $_____	DBE Certificate No _____		Base Bid $_____ Option A $_____ Option B $_____
Name _____ _____ Address _____ _____ Phone Number _____ Age of Firm _____ Annual Gross Receipts as of Last Tax Year: $_____	DBE Certificate No _____		Base Bid $_____ Option A $_____ Option B $_____

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
IV. All first-tier DBE SUPPLIERS: Regular Dealers (60% credit). See Supplementary Conditions Article SC7.1.3D.4. for definition of Regular Dealer.			
Name _____ _____ Address _____ _____ _____ Phone Number _____ Age of Firm _____ Annual Gross Receipts as of Last Tax Year $ _____	DBE Certificate No _____		Base Bid $ _____ Option A $ _____ Option B $ _____
Name _____ _____ Address _____ _____ _____ Phone Number _____ Age of Firm _____ Annual Gross Receipts as of Last Tax Year $ _____	DBE Certificate No _____		Base Bid $ _____ Option A $ _____ Option B $ _____
Name _____ Address _____ _____ Phone Number _____ Age of Firm _____ Annual Gross Receipts as of Last Tax Year $ _____	DBE Certificate No _____		Base Bid $ _____ Option A $ _____ Option B $ _____

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
IV. All first-tier DBE SUPPLIERS: Regular Dealers (60% credit). See Supplementary Conditions Article SC7.1.3D.4. for definition of Regular Dealer.			
Name _____ _____ Address _____ _____ _____ Phone Number _____ Age of Firm _____ Annual Gross Receipts as of Last Tax Year $_____	DBE Certificate No _____		Base Bid $_____ Option A $_____ Option B $_____
Name _____ _____ Address _____ _____ _____ Phone Number _____ Age of Firm _____ Annual Gross Receipts as of Last Tax Year $_____	DBE Certificate No _____		Base Bid $_____ Option A $_____ Option B $_____
Name _____ Address _____ _____ Phone Number _____ Age of Firm _____ Annual Gross Receipts as of Last Tax Year $_____	DBE Certificate No _____		Base Bid $_____ Option A $_____ Option B $_____

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
V. All other first-Tier DBE's. See Supplementary Conditions Article SC7.1.3D.5 for Available Credit			
Name _____ _____ Address _____ _____ _____ Phone Number _____ Age of Firm _____ Annual Gross Receipts as of Last Tax Year $ _____	DBE Certificate No _____		Base Bid $ _____ Option A $ _____ Option B $ _____
Name _____ _____ Address _____ _____ Phone Number _____ Age of Firm _____ Annual Gross Receipts as of Last Tax Year $ _____	DBE Certificate No _____		Base Bid $ _____ Option A $ _____ Option B $ _____
Name _____ _____ Address _____ _____ Phone Number _____ Age of Firm _____ Annual Gross Receipts as of Last Tax Year $ _____	DBE Certificate No _____		Base Bid $ _____ Option A $ _____ Option B $ _____

Name and Address	(Check if DBE) and insert DBE Cert. No	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
V. All other first-Tier DBE's. See Supplementary Conditions Article SC7.1.3D.5 for Available Credit			
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year. $_____	DBE Certificate No _____		Base Bid $_____ Option A $_____ Option B $_____
Name: _____ _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year. $_____	DBE Certificate No _____		Base Bid $_____ Option A $_____ Option B $_____
Name: _____ _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year. $_____	DBE Certificate No _____		Base Bid $_____ Option A $_____ Option B $_____