

POLICY STATEMENT

Section 26.1/26.23 Objectives/ Policy Statement

It is the continuing policy of the Board of County Commissioners, Brevard County, Florida, hereinafter referred to as the "County," to ensure that a Disadvantaged Business Enterprise (DBE), as defined in Department of Transportation (DOT) 49 CFR Part 26, has an equal opportunity to compete for and participate in contracts financed in whole or in part with DOT-assisted funds. The Board of County Commissioners, Brevard County has received Federal financial assistance from the Department of Transportation, and as a condition of receiving this assistance, the County has signed an assurance that it will comply with 49 CFR Part 26.

It is also the County's policy to:

1. Ensure nondiscrimination in the award and administration of DOT-assisted contracts;
2. Create a level playing field on which DBEs can compete fairly for DOT-assisted contracts;
3. Ensure that DBE Program is narrowly tailored in accordance with applicable law;
4. Ensure that only firms that fully meet CFR Part 26 eligibility standards are permitted to participate as DBEs;
5. Help remove barriers to the participation of DBEs in DOT assisted contracts;
6. Assist, if possible, the development of firms that can compete successfully in the market place outside the DBE Program;
7. Provide appropriate flexibility to recipients of Federal financial assistance in establishing and providing opportunities for DBEs.

The Finance Officer of Space Coast Area Transit has been delegated as the DBE Liaison Officer (DBELO) for Space Coast Area Transit. In that capacity, the Finance Officer is responsible for implementing all aspects of the DBE program. Implementation of the DBE program is accorded the same priority as compliance with all other legal obligations incurred by the Finance Officer in its financial assistance agreements with the Department of Transportation.

The Finance Officer has disseminated this policy statement to the Brevard County Board of County Commissioners and the Transit Service Department Director and the relevant components of the County's organizational structure. This policy statement is being distributed to business entities in the area and all those who perform work for Space Coast Area Transit on DOT-assisted contracts via the Transit portion, of the County's Website.


James Liesenfelt, Transit Director

8-1-16
Date



SUBPART A - GENERAL REQUIREMENTS

Section 26.1 - Objectives

The objectives are found in the policy statement on the preceding page of this program.

Section 26.3 - Applicability

Brevard County (hereinafter "the County") is the recipient of Federal transit funds authorized by Titles I, III, V, and VI of MAP-21, Pub. L. 102-240 or by Federal transit laws in Title 49, U.S. Code, or Title I, II, and V of the Teas-21, Pub. L. 105-178.

Section 26.5 - Definitions

The terms used in this Program have the meanings defined in 49 CFR Section 26.5.

Section 26.7 Non-discrimination Requirements

The County will never exclude any person from participation in, deny any person the benefits of, or otherwise discriminate against anyone in connection with the award and performance of any contract covered by 49 CFR Part 26 on the basis of race, color, sex, or national origin.

In administering its DBE program, the County will not, directly or through contractual or other arrangements, use criteria or methods of administration that have the effect of defeating or substantially impairing accomplishment of the objectives of the DBE program with respect to individuals of a particular race, color, sex, or national origin.

Section 26.11 - Record Keeping Requirements

Reporting to DOT 26.11(b)

The County will report DBE participation to FTA on a semi-annual basis using the Uniform Report of DBE Commitments/Awards and Payments. This report will reflect payments made to DBEs on DOT-assisted contracts. The deadline for submitting these reports is June 1 for the period October 1 through March 31, and December 1 for the period April 1 through September 30. Prior to these deadlines, the reports must be submitted within the TRAMs-Web system and marked "Ready for Regional Review."

Space Coast Area Transit Procedures:

The Finance Officer is responsible for accurate completion and timely submission of these reports. The Grants Administrator may receive information to assist in completing the reports from the Finance Officer who works closely with the DBE community in identifying potential DBEs and alerting them of potential contracting opportunities.

In the absence of the Finance Officer, the responsibility of accurate completion and timely submission of the semi-annual DBE reports goes to the Grants Administrator.

Once the reports are downloaded into TrAMs-Web, the Finance Officer or Grants Administrator will notify the FTA Region IV Civil Rights staff via e-mail that the reports are in TrAMs-Web and are ready for regional review.

Space Coast Area Transit Procurement Records reconciliation with DBE reports:

To ensure the accuracy of DBE reports, Space Coast Area Transit fiscal staff obtains purchase order lists and other accounting reports for each DBE reporting period from the procurement information in the County accounting software system, SAP. The reconciliation process involves comparison of multiple reports including

- Project-to-Date Revenue and Project-to-Date Expense - For each grant
- Encumbrance Detail report - Newly committed purchase order numbers and their amounts
- Transaction Details report -Paid amounts during reporting period with vendor information
- Purchase Order list - Awarded contracts during the reporting period.

The procurement information will include the number of purchase orders issued and the awarded amounts during the corresponding DBE reporting period. The DBE Liaison reconciles the DBE reports to the purchase orders detail list and the SAP transaction list. The transaction list from the SAP accounting system shows payments made during the reporting period and the SAP encumbrance report shows committed amounts for all issued purchase orders.

Any discrepancies found are addressed accordingly with the appropriate department: Purchasing, Finance/Accounting, Accounts Payable and others. Each submitted DBE uniform report submittal includes all proper backup materials and is reconciled to multiple purchasing and accounting records before each submission.

Bidder List 26.11(c)

The County will create a bidders list, consisting of information about all DBE and non-DBE firms that bid or quote on DOT-assisted contracts. The purpose of this requirement is to allow use of the bidder's list approach in calculating overall goals. The bidder list will include the name, address, DBE/ non- DBE status, age, and annual gross receipts of firms.

The information will be collected in the following way:

To assist in this effort, the County will require prime contractors to maintain records and documents of payments to DBEs for three (3) years following the performance of the contract. These records will be made available for inspection upon request by any authorized representative of the County or DOT.

Section 26.13 - Federal Financial Assistance Agreement

The County has signed the following assurance, applicable to all DOT-assisted contracts and their administration:

Assurance 26.13(a)

The County shall not discriminate on the basis of race, color, national origin, or sex in the award and performance of any DOT assisted contract or in the administration of its DBE Program or the requirements of 49 CFR Part 26. The recipient shall take all necessary and reasonable steps under 49 CFR Part 26 to ensure nondiscrimination in the award and administration of DOT-assisted contracts. The recipient's (i.e. Brevard County's) DBE Program, as required by 49 CFR Part 26 and as approved by DOT, is incorporated by reference in this agreement. Implementation of this program is a legal obligation and failure to carry out its terms shall be treated as a violation of this agreement. Upon notification to the County of its failure to carry out its approved program, the Department may impose sanction as provided for under Part 26 and may, in appropriate cases, refer the matter for enforcement under 18 U.S.C. 1001 and/or the Program Fund Civil Remedies Act of 1986 (31 U.S.C. 3801 et seq.).

This language will appear in financial assistance agreements with sub-recipients.

Contract Assurance 26.13(b)

The County will ensure that the following clause is placed in every DOT-assisted contract and subcontract:

The contractor, sub-recipient, or subcontractor shall not discriminate on the basis of race, color, nation origin, or sex in the performance of this contract. The contractor shall carry out applicable requirements of 49 CFR Part 26 in the award and administration of DOT-assisted contracts. Failure by the contractor to carry out these requirements is a material breach of this contract, which may result in the termination of this contract or such other remedy as the recipient (i.e. Brevard County) deems appropriate.

SUBPART B - ADMINISTRATIVE REQUIREMENTS

Section 26.21 - DBE Program Updates

Since Brevard County has received a grant of \$250,000 or more in FTA planning capital, and or operating assistance in a federal fiscal year, the county will continue to carry out this program until all funds from DOT financial assistance have been expended; and provide to DOT updates representing significant changes in the program.

Section 26.23 - Policy Statement

The Policy Statement is elaborated on the first page of this program.

Section 26.25 - DBE Liaison Officer (DBELO)

The County designated the following individual as the DBE Liaison Officer:

Colby E. Stallings
Finance Officer
Space Coast Area Transit
401 S Varr Ave
Cocoa, FL 32922
Phone: (321) 638-7815
E-Mail: Colby.Stallings@brevardfl.gov

In that capacity, the DBELO is responsible for implementing all aspects of the DBE program and ensuring that the County complies with all provisions of 49 CFR Part 26. The DBELO has direct, independent access to the County Manager and Transit Director concerning DBE program matters. An organization chart displaying the DBELO's position in the organization is found in Attachment I to this program.

The DBELO is responsible for developing, implementing and monitoring the DBE program, in coordination with other appropriate officials. The County Manager and Transit Director may assign additional staff to assist the DBELO in the administration of the program, if necessary. The duties and responsibilities include the following:

1. Gathers and reports statistical data and other information as required by DOT.
2. Reviews third party contracts and purchase requisitions for compliance with this program.
3. Works with all relevant parties to set overall annual goals.
4. Ensures that bid notices and requests for proposals are available to DBEs in a timely manner.
5. Identifies contracts and procurements so that DBE goals are included in solicitations.

6. Analyzes the County's progress toward attainment and identifies ways to improve progress.
7. Participates in pre-bid meetings.
8. Advises the County Manager and Transit Director on DBE matters and achievement.
9. Plans and participates in DBE training seminars.
10. Participates in the Unified Certification Program (UCP) activities and outreach functions.
11. Provides outreach to DBE's and community organizations to advise them of potential contracting opportunities including:
 - A. Annual purchasing vendor fair and DBE public information event.
 - B. Annual DBE outreach email outlining upcoming bidding opportunities and upcoming projects.
 - C. Annual publication in general media and/or website, several media circulation about upcoming DBE outreach public information events and purchasing information fair dates.
12. Maintains the County's updated directory on certified DBEs.

Section 26.27 - DBE Financial Institutions

It is the policy of the County to investigate the full extent of services offered by financial institutions owned and controlled by socially and economically disadvantaged individuals in the community, to make reasonable efforts to use these institutions, and to encourage prime contractors on DOT-assisted contract to make use of the institutions. The following efforts are utilized to identify and use such institutions: The County will tap into community resources, such as the Chamber of Commerce, local Small Business Development Centers and organizations representing minority, women and the disadvantaged to assist in identifying potential financial institutions that may qualify as disadvantaged business enterprises.

Section 26.29 - Prompt Payment Mechanisms

The County will include the following clause in each DOT-assisted prime contract:

The prime contractor agrees to pay each subcontractor under this prime contract for satisfactory performance of its contract no later than 30 days from the receipt of each payment the prime contractor receives from the County. The prime contractor agrees further to return retainage payments to each subcontractor within 30 days after the subcontractors work is satisfactorily completed. Any delay or postponement of payment from the above referenced time frame may occur only for good cause following written approval of the County.

This clause applies to both DBE and non-DBE subcontracts. The County may hold retainage from prime contractors and provide for prompt and regular incremental acceptances of portions of the prime contract, pay retainage to prime contractors based on these acceptances, and require a contract clause obligating the prime contractor to pay all retainage owed to the subcontractor for satisfactory completion of the accepted work within 30 days after your payment to the prime contractor

Section 26.31 - Directory

The County maintains a directory identifying all firms eligible to participate as DBEs. The directory lists the firm's name, address, phone number, date of the most recent certification, and the type of work the firm has been certified to perform as a DBE. Periodically, this directory is updated. The Directory may be found in Attachment 2 to this program document.

Section 26.33 - Overconcentration

At this time, the County's resources do not appear to indicate an overconcentration of DBEs in any particular type of work. However, if overconcentration is identified in the future, the below list are examples of corrective actions and procedures.

1. If the County determines that DBE firms are over concentrated in a certain type of work as to unduly burden the opportunity of non-DBE firms to participate in this type of work, appropriate measures are necessary to address this overconcentration.
2. These measures may include the use of incentives, technical assistance, business development programs, mentor-protégé programs, and other appropriate measures designed to assist DBEs in performing work outside of the specific field in which the County determined that non-DBEs are unduly burdened. The County may also consider varying the use of contract goals, to the extent consistent with §26.51, to ensure that non-DBEs are not unfairly prevented from competing for subcontracts.
3. The County must obtain the approval of the concerned DOT operating administration for the determination of overconcentration and the measures devised to address it. Once approved, the measures become part of the County's DBE program.

Section 26.35 - Business Development Programs

The County has no business development program at this time.

Section 26.37 - Monitoring and Enforcement Mechanisms

The County will take the following monitoring and enforcement mechanisms to ensure compliance with 49 CFR Part 26.

1. The County will bring to the attention of the Department of Transportation any false, fraudulent, or dishonest conduct in connection with the program, so that DOT can take the steps (e.g., referral to the Department of Justice for criminal prosecution, referral to the DOT Inspector General, action under suspension and debarment or Program Fraud and Civil Penalties rules) provided in 26.109.
2. The County will consider similar action under the County's own legal authorities, including responsibility determinations in future contracts.
3. The County will also provide monitoring and enforcement mechanism to verify that work committed to DBEs at contract award is actually performed by the DBEs.
4. The County will keep a running tally of actual payments to DBE firms for work committed to them at the time of contract award.

Section 26.39 - Fostering Small Business Participation

Space Coast Area Transit has incorporated the following non-discriminatory element to its DBE program, in order to facilitate competition on DOT-assisted public work projects by small business concerns (both DBEs and non-DBE small businesses):

Small Business Initiatives are part of the Brevard County Purchasing Strategic Planning Document. Space Coast Area Transit conducts the following outreach to encourage small business participation.

- Space Coast Area Transit, through the Brevard County Purchasing Department, participates in vendor outreach seminars offered in different parts of Florida, similar to the ones offered by the "Small Business Development Center and the Procurement Technical Assistance Center at the University of Central Florida". The purpose of these seminars is to provide established vendors the tools they need to conduct business with government agencies and for the small business community to build relationships and expand their vendor base. During these seminars, efforts will be made to obtain information on small business vendors to ensure that future solicitations may be sent to the small businesses in the community.
- Space Coast Area Transit, through the Brevard County Purchasing Department, has a local co-op group that includes members of the different Brevard Municipalities (Cities of Cape Canaveral, Cocoa, Cocoa Beach, Melbourne, Palm Bay, and Titusville) and Brevard Public Schools. This group conducts events to promote small and local business participation.
- Space Coast Area Transit will coordinate to provide its DBE program to the Women's Business Center located at the Florida Institute of Technology, the Founders Forum, and the Florida Virtual Entrepreneur Center.
- Notify small businesses or other individuals of the availability of counseling services from the Brevard Community College Small Business Development Center.

In addition, the small business provision developed and implemented by Space Coast Area Transit includes the following strategies.

- Space Coast Area Transit will evaluate each contract separately and decide, based on the scope of work and availability of small businesses to perform work activities, whether to set a goal for race-neutral small business participation.
- A Request for Proposals (RFP) with a specific small business goal will require bidders to explain how they propose to achieve the specific goal. Bidders must show a good faith effort in achieving the goal, and include documentation of efforts if they are unable to achieve the goal. The RFP will clearly state the small business goal is race/gender neutral.
- When applicable and feasible, Space Coast Area Transit will send solicitations directly to the local co-op group for dissemination to small businesses and to any small businesses vendors available through the Space Coast Area Transit bidders list and/or vendor database.
- When feasible, Space Coast Area Transit will unbundle larger contracts into a series of manageable projects to facilitate participation by small businesses.

To be eligible to participate in strategies designed and implemented for small businesses, the firm must:

1. Meet the small business definition as defined by USDOT 49 CFR Part 26.5. This will ensure that all small businesses participating in the Space Coast Area Transit DBE program (DBEs and non-DBEs alike) are subject to the same size standards and, consequently, compete with similarly-sized businesses.
2. Submit a notarized affidavit attesting to meeting the definition of a small business.
3. Provide a listing of contracts on which the firm has performed either as a prime or subcontractor or sub consultant.
4. If participation in the small business program will result in a tangible benefit for the firm, additional verification may occur to avoid program fraud.

As a component of the Small Business Element, Space Coast Area Transit will track information on the certified small businesses and gather statistical data. The DBE Liaison Officer will ensure that the Small Business Element will be implemented and monitored as part of the overall DBE program within 9 months from FTA approval, using the following mechanisms.

- Space Coast Area Transit will begin reviewing future contracts to implement the Small Business Element strategies, as appropriate.
- Updating the small business list of projects on a quarterly basis.

- Space Coast Area Transit will track and report any race-neutral participation by certified DBEs achieved through its Small Business Element or program in the same way the race- neutral DBE participation is obtained and reported through other methods.

SUBPART C - GOALS, GOOD FAITH EFFORTS, AND COUNTING

Section 26.43 - Set-Asides or Quotas

The County does not use quotas in any way in the administration of this DBE program.

Section 26.45 - Overall Goals

In accordance with Section 26.45, the Space Coast Area Transit will submit its triennial overall DBE goal to FTA on August 1 for a period covering three fiscal years. The most recent goal was established for FY2013 to 2016 and is 7 percent of the Federal financial assistance that Space Coast Area Transit will expend in DOT-assisted contracts, exclusive of FTA funds to be used for the purchase of transit vehicles.

Space Coast Area Transit will also request use of project-specific DBE goals as appropriate, and/or will establish project-specific DBE goals as directed by FTA.

The "Step 1, Step 2" process established in Section 26.45(c)-(d), was used by Space Coast Area Transit to establish the overall DBE goals.

Step 1: Space Coast Area Transit developed a base figure to express the relative availability of DBEs to determine a basis from which to begin when examining all evidence available within the jurisdiction. The number of ready, willing, and able DBEs in the Brevard County market was obtained from the FDOT DBE vendor database. The number of DBEs was divided by the number of all businesses to derive the base figure. Based on information obtained from the Statewide Unified Certification Program, a total of 8 certified DBEs were identified as ready, willing, and able to provide transit services. Based on information obtained from the Brevard County Chamber of Commerce, a total of 13,348 businesses were identified within Brevard County. Of those businesses, 88 were able to provide transit type services or products. Therefore, the base figure was determined to be 1 percent.

Step 2: After calculating the base figure, further evidence was examined to determine what adjustments, if any, were needed to the base figure in order to arrive at the overall goal. Considerations included the current capacity of DBEs to perform work as measured by the volume of work DBEs have performed in recent years and the amount of goods and services procured under contract by Space Coast Area Transit, as a division of the Brevard County Board of County Commissioners. Space Coast Area Transit contracts for only 60 percent of its goods and services, with a large portion of funds expended on vehicles and maintenance. In addition, Space Coast Area Transit buildings are owned and maintained by Brevard County; therefore, no adjustments were made to the base figure.

Before establishing the overall goal each year, Space Coast Area Transit will consult with local chambers of commerce, Economic Development Commission of Florida's Space Coast, and the Eastern Florida State College, Small Business Development Center to obtain information concerning the availability of disadvantaged and non-disadvantaged businesses, the effects of discrimination on opportunities for DBEs, and Space Coast Area Transit's efforts to establish a level playing field for the participation of DBEs.

Following this consultation, we will publish a notice of the proposed overall goals, information to the public that the proposed goal and its rationale are available for inspection during normal business hours at the Space Coast Area Transit administrative offices for 30 days following the date of the notice, and that Space Coast Area Transit and DOT will accept comments on the goals for 45 days from the date of the notice. The overall goal will be published in the TODAY newspaper. Normally, Space Coast Area Transit will issue this notice by June 1 of the year the DBE goal is submitted to DOT. The notice will include addresses to which comments may be sent and addresses (including offices and websites) where the proposal may be reviewed.

Our overall goal submission to DOT will include the goal (including a break out of estimated race-neutral and race-conscious participation, as appropriate); a copy of the methodology, worksheets, etc. used to develop the goal; a summary of information and comments received during the public participation process and our responses; and proof of publication of the goal in the media outlet listed above.

We will begin using our overall goal on October 1 of the specified year, unless we have received other instructions from DOT. If we establish a goal on a project basis, we will begin using our goal by the time of the first solicitation for a DOT-assisted contract for the project. Our goal will remain effective for the duration of the three-year period established and approved by FTA. The overall goal is expected to be met through race-neutral measures.

The 7 percent goal will remain in place through the remainder of FY2016, with an anticipated updated overall goal of 1 percent from FY2017 to FY2019. The FY2017 to FY2019 goal was established using the "Step 1, Step 2" process and will be advertised in the Florida TODAY newspaper and available at the Space Coast Area Transit administrative office effective August 18, 2016. Following the 45 day public comment period, Space Coast Area Transit will officially submit the updated overall DBE goal for DOT-assisted contracts, the methodology, worksheets, etc. to FTA no later than October 1, 2016. Following approval of the FY 2017 to 2019 overall goal, the goal will be implemented for use on October 1, 2016, unless we receive other instructions from DOT.

Utilizing the Step 1 and Step 2 process above, it is proposed that the goal for FY2017 to FY2019 will be 1 percent. Attachment 4 provides further detail on how the goal was derived based upon the above stated methodology.

Section 26.47 - Goal Setting and Accountability

If the awards and commitments shown on Space Coast Area Transit's Uniform Report of Awards or Commitments and Payments at the end of any fiscal year are less than the overall applicable to that fiscal year, we will:

1. Analyze in detail the reason for the difference between the overall goal and the actual awards/commitments;
2. Establish specific steps and milestones to correct the problems identified in the analysis; and

3. Submit the plan to FTA within 90 days of the end of the affected fiscal year and maintain the corrective plan, information, and records regarding the analysis and all efforts made.

Section 26.49 - Transit Vehicle Manufacturers Goals

The County will require each transit vehicle manufacturer, as a condition of being authorized to bid or propose on FTA-assisted transit vehicle procurements, to certify that it has complied with the requirements of this section. Alternatively, the County may, at its discretion and with FTA approval, establish project-specific goals for DBE participation in the procurement of transit vehicles in lieu of the TVM complying with this element of the program.

Section 26.51(a-c) - Projection of Race-Neutral & Race-Conscious Participation

The breakout of estimated race-neutral and race-conscious participation can be found in Attachment 4 to this program. This section of the program will be updated every three years when the goal calculation is updated.

Section 26.51(d-g) - Contract Goals

The County may use the contract goals to meet any portion of the overall goal. The County does not project being able to meet race-neutral means. Contract goals are established so that, over the period to which the overall goals applies, they will cumulatively result in meeting any portion of the County's overall goals that is not projected to be met through the use of race-neutral means.

The County will establish contract goals only on those DOT-assisted contracts that have subcontracting possibilities; and will need not establish a contract goal on every such contract. The size of contract goals will be adapted to the circumstances of each such contract (e.g. type and location of work, availability of DBEs to perform the particular type of work.)

The County will express contract goals as a percentage of the overall/total DOT-assisted contract amount.

Section 26.53 - Good Faith Efforts Procedures

Demonstration of good faith efforts 26.53(a) & (c)

The obligation of the bidder/offeror is to make "good faith" efforts to include DBE subcontractors. The bidder/offeror can demonstrate that it has done so either by meeting the contract goal or documenting "good faith" efforts to include subcontractors. Examples of "good faith" efforts are found in Appendix A to Part 26.

The Finance Officer is responsible for determining whether a bidder/offeror who had not met the contract goal has documented sufficient "good faith" efforts to be regarded as responsible.

Information to be submitted 26.53(b)

The County treats bidder/offeror's compliance with "good faith" efforts' requirement as a matter of responsibility.

Each solicitation for which a contract goal has been established will require the bidder/offerors to submit the following information:

- A. The names and addresses of DBE firms that will participate in the contract;
- B. A description of the work that each DBE will perform;
- C. The dollar amount of the participation of each DBE firm participating;
- D. Written and signed documentation of commitment to use a DBE subcontractor whose participation it submits to meet a contract goal;
- E. Written and sign confirmation from the DBE that it is participating in the contract as provided in the prime contractors commitment; and
- F. If the contract goal is not met, evidence of "good faith" efforts to achieve the DBE goal.

Administrative Reconsideration 26.53(d)

Within 15 days of being informed by the County that it is not responsible because it has not documented sufficient "good faith" efforts, a bidder/offeror may request administrative reconsideration. Bidder/offeror should make this request in writing to the following reconsideration official: Transit Director, 401 S Varr Ave, Cocoa, FL 32922, 321-635-7815. The reconsideration official will not have played any role in the original determination that the bidder/offeror did not document sufficient good faith efforts.

As part of this reconsideration, the bidder/offeror will have the opportunity to provide written documentation or argument concerning the issue of whether it met the goal or made adequate good faith efforts to do so. The bidder/offeror will have the opportunity to meet in person with the County reconsideration official to discuss the issue of whether it met the goal or made adequate good faith efforts to do so. The County will send the bidder/offeror a written decision on reconsideration, explaining the basis for finding that the bidder did or did not meet the goal or make adequate good faith efforts to do so. The result of the reconsideration process is not administratively appealable to the Department of Transportation.

Good Faith Efforts when a DBE is replaced on a contract 26.53(f)

The County will require a contractor to make "good faith" efforts to replace a DBE that is terminated or has otherwise failed to complete its work on a contract with another certified DBE, to the extent needed to meet the contract goal. The County will require the prime contractor to notify the DBE Liaison Officer immediately of the DBE's inability or unwillingness to perform and provide reasonable documentation.

In this situation, the County will require the prime contractor to obtain the County's prior written approval of the substitute DBE and to provide copies of new or amended subcontracts, or documentation of "good faith" efforts; a written change order is also required.

If the contractor fails or refuses to comply in the time specified, the County's contracting office will issue an order stopping all or part of payment/work until satisfactory action has been taken. If the contractor still fails to comply, the contracting officer may issue a termination for default proceeding.

Sample Bid Specification:

The requirements of 49 CFR Part 26, Regulations of the U.S. Department of Transportation, apply to this contract. It is the policy of the County to practice nondiscrimination based on race, color, sex, or national origin in the award or performance of this contract. All firms qualifying under this solicitation are encouraged to submit bids/proposals. Award of this contract will be conditioned upon satisfying the requirements of this bid specification. These requirements apply to all bidders/offerors, including those who qualify as a DBE. A DBE contract goal of _ percent has been established for this contract. The bidder/offeror shall make good faith efforts, as defined in Appendix A, 49 CFR Part 26 (Attachment 5), to meet the contract goal for DBE participation in the performance of this contract.

The bidder/offeror will be required to submit the following information: (1) the names and addresses of DBE firms that will participate in the contract; (2) a description of the work that each DBE firm will perform; (3) the dollar amount of the participation of each DBE firm participating; (4) written documentation of the bidder/offeror's commitment to use a DBE subcontractor whose participation it submits to meet the contract goal; (5) written confirmation from the DBE that it is participating in the contract as provided in the commitment made under (4); and (5) if the contract goal is not met, evidence of "good faith" efforts. (A bid specification is required only when a contract goal is established).

Section 26.55 - Counting DBE Participation

The County will count the value of work actually performed by the DBE toward actual DBE goals as provided in 49 CFR 26.55.

SUBPART D -CERTIFICATION STANDARDS

Section 26.61 - 26.7 - Certification Process

The County will use the certification standards of Subpart D of Part 26 to determine the eligibility of firms to participate as DBEs in DOT-assisted contracts. To be certified as a DBE, a firm must meet all certification eligibility standards. Companies must complete the State of Florida, Department of Transportation, DBE Unified Certification Program (UCP) Application. For information about the certification process or to apply for certification, firms should contact local certifying agency:

Florida Department of Transportation (FOOT) 605 Suwannee St. MS 65
Tallahassee, FL 32399-0450
(850) 414-4749
Larry Ellis, Manager, Equal Opportunity Office
Larry.Ellis@dot.state.fl.us

SUBPART E -CERTIFICATION PROCEDURES

Section 26.81 - Unified Certification Programs

The County is a non-certifying member of the Unified Certification Program (UCP) administered by Florida Department of Transportation Equal Opportunity Office.

Section 26.89 - Certification Appeals

Any firm or complainant may appeal the decision in a certification matter to DOT. Such appeals may be sent to:

Department of Transportation
Office of Civil Rights Certification Appeals Branch 1200 New Jersey Avenue, SE
West Building, 7th Floor
Washington, D.C. 20590

The UCP will promptly implement any DOT certification appeal decisions affecting the eligibility of DBEs for Brevard County DOT-assisted contracting (e.g. certify a firm if DOT has determined the denial of its application was erroneous).

SUBPART F -COMPLIANCE AND ENFORCEMENT

Section 26.109 - Information, Confidentiality, Cooperation

The County will safeguard from disclosure to third parties information that may reasonably be regarded as confidential business information, consistent with Federal, state, and local law.

Notwithstanding any contrary provisions of state or local law, the County will not release personal financial information submitted in response to the personal net worth requirement to a third party (other than DOT) without the written consent of the submitter.

Monitoring Payment to DBE's

The County will require prime contractors to maintain records and documents of payments to DBEs for three (3) years following the performance of the contract. These records will be available for inspection upon request by any authorized representative of the County or DOT. This reporting requirement also extends to any certified DBE subcontractor.

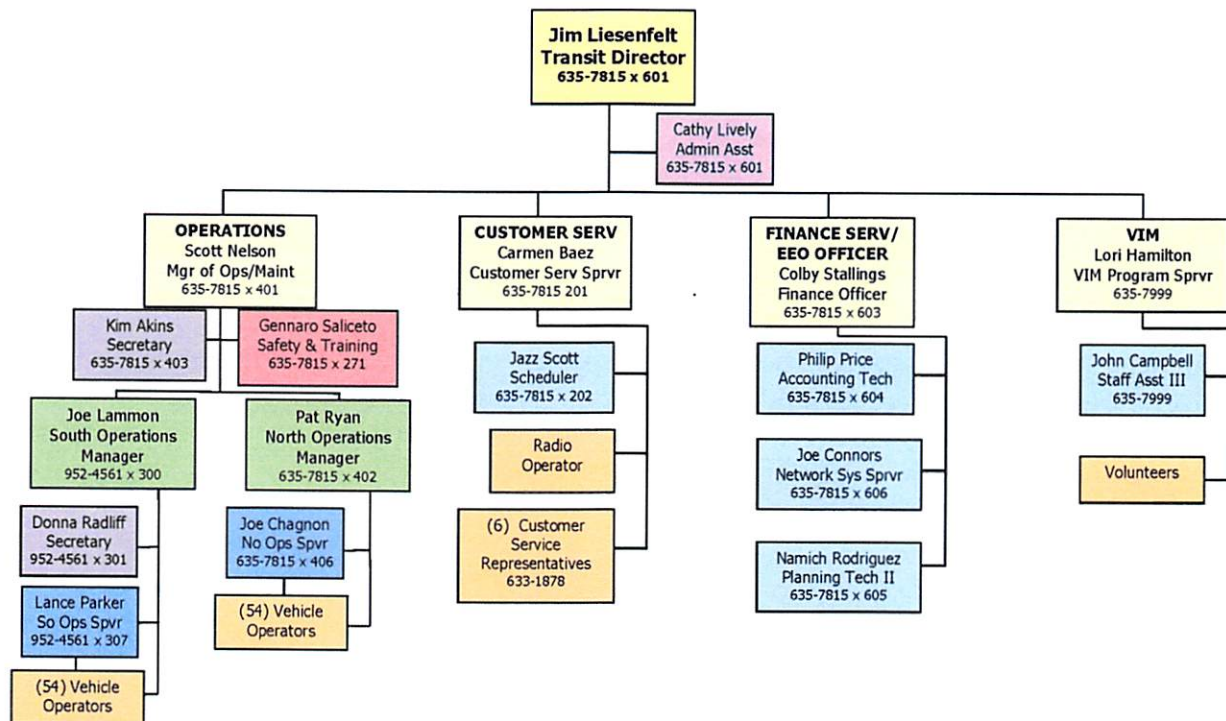
ATTACHMENTS

- Attachment 1: Organizational Chart**
- Attachment 2: DBE Directory in Brevard County**
- Attachment 3: Breakout of Estimated Race-Neutral Goal**
- Attachment 4: Certification Application Forms**

ATTACHMENT 1

Transit Services Department

Updated October 2015



ATTACHMENT 2

DBE Directory

A & M BUSINESS SOLUTIONS 1323 Hwy A1 A #202 Satellite Beach, FL 32937 321-779-3201 AandMBiz@gmail.com	Lease/Rental Equipment
Advanced Recreational Concepts 3125 Skyway Circle Melbourne, FL 32934 321-775-0605 ckey@arcflorida.com	Recreational Equipment
Aguilar Holdings, LLC 7793 Industrial Road West Melbourne, FL 32904 321-724-0900 c.aguilar@floridasheetmetal.com	Sheet Metal
Alfy's Trucking Inc 4371 Dixie Hwy Palm Bay, FL 32905 321-508-9624 ragarie@cfl.rr.com	Agricultural Equipment
Alpha Translation Svcs, Inc. 2210 S Front St Ste 304 Melbourne, FL 32901 321-727-0344 lb@alphatranslationservices.com	Translation Services
American Services Technology, Inc. P.O. Box 561560 Rockledge, FL 32955 321-631-8771 moses@americanservicestech.com	Contractual Services
Applied Ecology, Inc. 341 Rio Villa Blvd. Indialantic, FL 32903 321-848-1272 clistopad@appliedecologyinc.com	Contractual Services
ARJK ENTERPRISES LLC 2467 Kathi Kim St Cocoa, FL 32926 321-271-1963 ARJKEnterprises@aol.com	Roofing

AST Application Software Training Inc Po Box 121057 West Melbourne, FL 32912 866-467-8799 michelle@ast1.us	Educational Services
Brevard Lumber Company, Inc. 1480 North Highway, U.S. #1 Titusville, FL 32796 321-267-3831 brevardlumber@att.net	Lumber
Bristol Properties 4955 Dixie Hwy. Ne #205 Palm Bay, FL 32905 321-626-3909 vicki_bristol@msn.com	Lease/Rental Property
Burley Property Group, Inc. 1501 Orange St Melbourne Beach, FL 32951 321-427-6788 LynnCBurley@aol.com	Lease/Rental Property
C & D Construction, Inc. 395 S Range Rd Cocoa, FL 32926 321-639-9198 arleslie@bellsouth.net	Contractual Services
Cape Design Engineering Co. 191 Center St. Suite 201 Cape Canaveral, FL 32920 321-799-2970 kannanr@cdeco.com	Design/Engineering
Caribeno Architectural Group Inc 13 E. Melbourne Ave. Melbourne, FL 32901 321-773-3069 info@cag-architects.com	Contractual Services
Certified Plumbing of Brevard, Inc. 1401 Pennykamp Street Ne Palm Bay, FL 32907 321-676-0812 hwilson@certpah.com	Contractual Services
Coastal Steel Inc. Po Box 237025 Cocoa, FL 32923	Builders Supplies

321-632-8228 dcoxwell@coastalsteel.com	
Contel Enterprises, LLC 4115 Pine Tree Place Cocoa, FL 32926 317-443-3510 katie.cobb@contelenterprises.com	Telecommunications Systems
Cool Breeze of Brevard, Inc. 1351 Se Paragon Dr. Palm Bay, FL 32909 321-724-8803 carcool@aol.com	Air conditioning Equipment
Data Voice, Inc. 1220 Prospect Avenue Suite 287 Melbourne, FL 32901 800-761-3282 carl.nery@data-voice.net	Data Processing
Design Poole, Inc. 15 E Melbourne Ave Melbourne, FL 32901 321-725-0710 trisha@designpoole.net	Furnishing
Designers West Interiors, Inc. 3150 North Wickham Road Suite 4 Melbourne, FL 32935 321-676-2207 dwimelb@aol.com	Floor Covering
DiGiTeC Office Solutions, Inc. 160 Venetian Way Suite 104 Merritt Island, FL 32953 321-459-2121 TOM.ROBBINS@DIGITECFLORIDA.COM	Engineering
DIXIE WHOLESALER'S, INC 739 North Drive, Suite E Melbourne, FL 32934 321-253-5112 dixiewholesalers@cfl.rr.com	Air Compressors
DragonPoint, Inc. 365 Gus Hipp Blvd. Rockledge, FL 32955 321-631-0657 yvette@dragonpoint.com	Contractual Services
Eagle Tri-Con Services, Inc. 6070 Elgin Road	Insulation

Cocoa, FL 32927
321-636-9226
Eagletriconsvc@cfl.rr.com

East Coast Fence & Guardrail of Brevard Inc
651 Pam Lem Street P.O. Box 573
Cocoa, FL 32923
321-504-3666
bcatechis@bellsouth.net

East Coast Applicators
129 S.W. Irwin Ave
West Melbourne, FL 32904
321-953-6577
spraymen@cfl.rr.com

Eau Gallie Electric, Inc
Eau Gallie Electric 2012 Aurora Rd
Melbourne, FL 0
321-259-2885
chughes@eg-electric.com

Ecospatial Analysts, Inc.
475 Robin Hood Drive
Merritt Island, FL 0
321-403-5147
vlarson@ecospatialanalysts.com

EM Services, Inc.
3565 Sparrow Hawk Trail
Mims, FL 32754
321-385-3654
sjholley@bellsouth.net

Emmanuel Publishing, Inc.
1707 Canova St, Se Unit 5
Palm Bay, FL 32909
321-729-9485
prntshac@bellsouth.net

Express Badging Services, Inc.
1980 North Atlantic Ave Suite 723
Cocoa Beach, FL 32931
800-909-8602
laina.french@expressbadging.com

Fanfare f/x, inc
1415 Chaffee Drive Suite #4
Titusville, FL 32780
321-264-4200 fanfarefxwanda@aol.com

Floridana Tropicals, Inc

Concrete Products
and Supplies

Insulation

Electrical

Arts and Crafts

Plumbing Equipment

Printing

Badges

Contractual Services

Nursery Supplies

6630 Floridana Ave
Melbourne Beach, FL 32951
321-726-0800
beth@bethglover.com

Fran Pickett & Associates, Inc.
458 St. Johns Drive
Satellite Beach, FL 32937
321-480-5727
fran@frankpickett.com

Frazier Engineering, Inc.
2289 W. Eau Gallie Boulevard
Melbourne, FL 32935
321-253-8131
mshultz@fraziereng.com

Fred Renaud, Inc.
3300 Royal Oak Dr
Titusville, FL 32780
321-269-1239
frenaud1@ATT.NET

Gem Industries
600 Cox Rd Suite A
Cocoa, FL 32926
321-631-3977
amin@gemindustriesincorporated.com

H.I.S. Painting, Inc.
8680 Schirra Ct.
Titusville, FL 32780
321-385-9155
angelaheyne@hispaintinginc.com

Harrack Trucking & Land Clearing Inc
367 Williams Point Blvd.
Cocoa, FL 32926
321-638-4636
harrack1500@bellsouth.net

HMB STEEL CORP.
4080 Pines Industrial Ave
Rockledge, FL 32955
321-636-6511
INFO@HMBSTEEL.COM

Holstein's Carpet Service, Inc.
4150 S Us Hwy 1
Grant, FL 32949
321-733-6262
holsteinscarpets@bellsouth.net

Educational Services

Engineering Services

Concrete Supplies

Buildings & Structures

Painting

Contractual Services

Metals

Floor Covering

IM Solutions, Inc
2801 S. Harbor City Blvd
Melbourne, FL 32901
321-722-3522
jo.d@imavl.com

Data Processing

INDUSTRIAL STEEL, INC.
P.O. Box 346
Mims, FL 0
321-267-2341
email@industrial-steel.com

Metals

Innovative Management Concepts
815 Paw Paw St
Cocoa, FL 32922
321-635-8384
joycew28@bellsouth.net

Contractual Services

Interior Flooring Solutions, Inc.
2911 Dusa Drive, Suite A
Melbourne, FL 32934
321-242-1030
charity@intfloors.com

Flooring

JACQUELINE TREPOVICH
4500 Lipscomb St Ne
Palm Bay, FL 32905
321-543-1540 B1052B@aol.com

Recycling Equipment

Janitorial Depot of America, Inc.
720 N Harbor City Blvd
Melbourne, FL 32935
321-242-2110
jmunch1424@aol.com

Janitorial Services

Japha, Inc.
2033 Cogan Drive Se
Palm Bay, FL 32909
321-591-2002
japhainc@cfl.rr.com

Contractual Services

K. Parks Consulting Inc.
1309 S. Babcock St #186
Melbourne, FL 32901
321-795-1908
kizzy.parks@gmail.com

Quality Training

Kivmetrics, LLC
4600 Explorer Dr No 102
West Melbourne, FL 0
321-525-5658

Engineering Services

npoor@kivmetrics.com

Laceys Lock Service
150 Barton Blvd
Rockledge, FL 32955
321-632-5900
laceyslock@yahoo.com

Locksmith Services

Levermore Psychological Services, P.A.
P.O. Box 61933
Palm Bay, FL 0
305-763-9095
drl@levermore.com

Quality Training

Lightyear Technology Group, Inc.
7413 Bumelia Drive
Cocoa, FL 32927
321-504-7339
dhowick@danella.com

Contractual Services

M & R Engineering, Inc.
1535 N. Cogswell St. Suite C 18
Rockledge, FL 32955
321-632-1870
lmerheb@mandreng.com

Engineering

MCW Construction Corp
2945 Kemblewick Dr Apt 204
Melbourne, FL 32935
321-288-7626
alejafe22@yahoo.com

Contractual Services

MGM Contracting Inc.
1121 Peachtree St
Cocoa, FL 32922
321-639-6365
mgmmike@cfl.rr.com

Contractual Services

MLTMS, INC.
970 N. Cocoa Blvd. Suite # 4
Cocoa, FL 0
321-632-5871
info@mltms.com

Legal Services

Moran Construction Inc.
409 Brevard Ave. Suite 5
Cocoa, FL 32922
321-639-5970
pmoran@moranconstructioninc.com

Contractual Services

MORSE COMMUNICATIONS, INC.
395 East Drive

Telecommunications Systems

Melbourne, FL 32904
321-259-8469
ACOSTELLO@MORSE-COMMUNICATIONS.COM

Nissens CARSTAR Autobody Shop
1901 Danr Dr Ne
Palm Bay, FL 32905
321-727-1833
barbara@carcollision.net

Contractual Services

O.T. Trans, Inc.
201 South Babcock St
Melbourne, FL 32901
888-796-5854
tgonzalez@ottrans.com

Compressors & Accessories

Paquito & Sons, Inc.
225 Yellow Place
Rockledge, FL 32955
321-576-2006
bsmith@islandsys.net

Electrical

Peak Contracting Inc.
Po Box 3068
Cocoa, FL 32924
321-633-4788
jroberts@peakcontractinginc.com

Contractual Services

Play Space Services, Inc.
3125 Skyway Circle
Melbourne, FL 32934
321-775-0600
psavor@playspaceservices.com

Floor Covering

Prevailing Networks
727 North Drive Suite K
Melbourne, FL 32934
321-259-5500
roy@totalcareit.com

Data Processing

Price & Price Inc D/B/A Mister Bar B Que
704 South Fiske Blvd
Cocoa, FL 32922
321-631-1742
smokeyp@digital.net

Contractual Services

Remarcleaning
Po Box 372438 595 Jackson Ave
Satellite Beach, FL 32937
321-773-7058
remarcleaning@att.net

Contractual Services

RTE Consulting Incorporated
12 Renee Court
Rockledge, FL 32955
321-446-7664 ralphedwards@rteconsultinginc.com

Quality Training

Scientific Environmental Applications, Inc.
5575 Willoughby Dr.
Melbourne, FL 32934
321-254-2708
seapp1@aol.com

Contractual Services

Shepard Landscaping, Inc.
3554 Bayfield Street
Cocoa, FL 32926
321-631-5889
kshepard001@cfl.rr.com

Lawn Equipment

SignAccess, Inc.
7205 Waelti Drive
Melbourne, FL 32940
321-752-9040
linda@signaccess.com

Signs

Space Coast Business Associates LLC
5000 N Wickham Rd Suite 106
Melbourne, FL 32940
321-752-4984
jesse.martinez@batteriesplus.net

Automotive Shop Equip.

Spatial Technologies
8660 Astronaut Blvd Ste 202
Cape Canaveral, FL 0
321-427-8935
heidi@spatialt.com

Data Processing

SPILKER ROOFING AND SHEET METAL
130 N. Plumosa Street
Merritt Island, Florida, FL 32953
321-459-1176
MAIL@SPILKEROOFING.COM

Contractual Services

Squeaky Cleanz
4651 Babcock St. Unit# 18 170
Melbourne, FL 32935
321-426-8309
sales@squeakycleanz.com

Contractual Services

SQUIRE WIGGINS SPENCE LLC
1480 Palm Bay Rd Ne
Palm Bay, FL 32905
321-591-2345

Engineering Services

info@limesignonline.com

Sterling Properties of Melbourne, Inc.
2000 Hwy A1 A
Indian Harbour Beach, FL 32937
800-709-7600
relo@prudentialsterling.com

Contractual Services

Superior Coatings & Waterproofing, Inc.
1215 Potomac Dr
Merritt Island, FL 32952
321-504-4425
jtward1023@yahoo.com

Painting

T & T Lawn Service
1346 Nolan St Ne
Palm Bay, FL 32907
772-646-1861
godwint113@aol.com

Lawn Equipment

Termine's Pipe & Plumbing Supply, Inc. IA
2900 Harper Road
Melbourne, FL 32904
321-724-4610
CindyS@TerminePlumbingSupply.com

Contractual Services

The Integration Factory, Inc.
525 Gus Hipp Blvd Suite A
Rockledge, FL 32955
321-704-8252
cnotardonato@theintegrationfactory.net

Data Processing

The Watauga Company
4275 Capron Road
Titusville, FL 32780
321-267-5785
wataugacompany@bellsouth.net

Contractual Services

Toland Environmental Consulting
4092 Sparrow Hawk Road
Melbourne, FL 32934
321-242-7173
teclisa@cfl.rr.com

Contractual Services

Vaughan Construction
872 Torrence St
Melbourne, FL 32935
321-693-6769
vaughanideas@aol.com

Acoustical Tile

Water Safety Products, Inc.
Po Box 510861

Clothing & Apparel

Melbourne Beach, FL 0
800-987-7238
barbara@watersafety.com

Z-Facilitators, Inc.
1311 North Us Highway 1
Titusville, FL 32796
321-267-1959
george.guo@z-facilitators.com

Engineering Services

ATTACHMENT 3

Overall Goal Calculation

Amount of Goal

Space Coast Area Transit's overall DBE goal for the time period from fiscal year 2017 to fiscal year 2019 is 1% of the Federal financial assistance we will expend in DOT assisted contracts, exclusive of FTA funds to be used for the purchase of transit vehicles.

Methodology used to Calculate Overall Goal

Step 1 26.45(c)

- Brevard County has 8 certified DBEs that are Ready, Willing and Able to provide transit services.
- Brevard County has 13,348 businesses and 88 of them can provide transit type services or products.
- Eight DBEs divided by 13,348 businesses = 1%

The data source evidence used to derive the numerator and denominator was Brevard County Chamber of Commerce information and the Statewide Unified Certification Program Certified DBEs which lists the Brevard County DBEs.

When we divided the numerator by the denominator we arrived at the base figure for our overall goal and that number was 1%

Step 2 26.45(d)

After calculating a base figure of the relative availability of DBEs, past evidence was examined to determine what adjustment was needed to the base figure in order to arrive at the overall goal.

In order to reflect as accurately as possible the DBE participation we would expect in the absence of discrimination to be our base figure 1%. The data used to determine the adjustment to the base figure was:

Due to Space Coast Area Transit being a department of Brevard County Board of County Commissioners, our department only purchases about 60% of the goods and services. The other 40% are purchased under a contract with the Purchasing Department of the Brevard County Board of County Commissioners. Our buildings are owned and maintained by the County. We have little or no control over the vendors used.

\$ 20,656,940 Capital & Operating Budget for FY 2016-2017
- 2,500,000 Vehicle Maintenance

\$ 5,991,790 Available for DBE purchases (33% of Federal Grants)

Step 3 Setting the Race Neutral Goal

Space Coast Area Transit has reviewed Step I Goal and reviewed our DBE history of 7% and has set a DBE goal of 1% to be achieved for the next three years.

This year Space Coast Area Transit will work hard to certify more DBEs in our area.

In FY 2016 to 2019, Space Coast Area Transit expects to meet or exceed our Race Neutral Goal of 1% and not need to have a Race Conscious Goal. This is based on our spending history and current projections. If for any reason, we cannot meet our Race Neutral Goal, then we would update our DBE Plan and add a Race Conscious Goal.

We did publish our goal information in the Florida TODAY newspaper (8/1/16) and no comments were received.

In order to ensure that our DBE program will be narrowly tailored to overcome the effects of discrimination, if we use contract goals we will adjust as necessary the estimated breakout of race neutral goal participation as needed to reflect actual DBE participation and we will track and report race-neutral goals through a prime contract obtained through customary competition or through a subcontract on a prime contract.

VENDOR # 1029
Space Coast Area Transit
401 Varr Ave
Cocoa, FL 32922

ATTACHMENT 4
Certification Application Forms

FORM 1: DISADVANTAGED BUSINESS ENTERPRISE (DBE) UTILIZATION

The undersigned bidder/offeror has satisfied the requirements of the bid specifications in the following manner (please check the appropriate space):

- ☐ The bidder/offeror is committed to a minimum of _____% DBE utilization on this contract.
- ☐ The bidder/offeror (if unable to meet the DBE goal of _____%) is committed to a minimum of _____% DBE utilization on this contract and submits documentation demonstrating good faith efforts.

Name of Bidder/Offeror Firm: _____

State Registration No.: _____

By: _____
(Signature) (Title)

FORM 2: LETTER OF INTENT

Name of Bidder/Offeror Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of DBE Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Description of work to be performed by DBE Firm:

The bidder/offeror is committed to utilizing the above-named DBE firm for the work described above. The estimated dollar value of this work is \$_____.

Affirmation

The above-named firm affirms that it will perform the portion of the contract for the estimated dollar value as state above.

By: _____
(Signature) (Title)

If the bidder/offeror does not receive award of the prime contract, any and all representations in this Letter of Intent and Affirmation shall be null and void.

(Submit this page for each DBE contractor.)

FLORIDA UNIFIED CERTIFICATION PROGRAM (UCP)

DISADVANTAGED BUSINESS ENTERPRISE (DBE)

CERTIFICATION APPLICATION



**Florida Department of Transportation (FDOT)
Equal Opportunity Office
605 Suwannee St MS-65
Tallahassee, Florida 32399
(850)414-4747**

Florida UCP DBE Directory:

[HTTP://WWW3B.DOT.STATE.FL.US/EQUALOPPORTUNITYOFFICEBUSINESSDIRECTORY/](http://www3b.dot.state.fl.us/equalopportunityofficebusinessdirectory/)

**INSTRUCTIONS FOR COMPLETING THE DISADVANTAGED BUSINESS ENTERPRISE (DBE)
PROGRAM UNIFORM CERTIFICATION APPLICATION**

NOTE: If you require additional space for any question in this application, please attach additional sheets or copies as needed, taking care to indicate on each attached sheet/copy the section and number of this application to which it refers.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Check the appropriate box indicating for which program your firm is currently certified. If you are already certified as a DBE, indicate in the appropriate box the name of the certifying agency that has previously certified your firm, and also indicate whether your firm has undergone an onsite visit. If your firm has already undergone an onsite visit/review, indicate the most recent date of that review and the state UCP that conducted the review.

B. Prior/Other Applications and Privileges

Indicate whether your firm or any of the persons listed has ever withdrawn an application for a DBE program or whether any have ever been denied certification, decertified, debarred, suspended, or had bidding privileges denied or restricted by any state or local agency or Federal entity. If your answer is yes, indicate the date of such action, identify the name of the agency, and explain fully the nature of the action in the space provided.

Section 2: GENERAL INFORMATION

A. Contact Information

- (1) State the name and title of the person who will serve as your firm's primary contact under this application.
- (2) State the legal name of your firm, as indicated in your firm's Articles of Incorporation or charter.
- (3) State the primary phone number of your firm.
- (4) State a secondary phone number, if any.
- (5) State your firm's fax number, if any.
- (6) State your firm's or your contact person's email address.
- (7) State your firm's website address, if any.
- (8) State the street address of your firm (i.e. the physical location of its offices -- not a post office box address).
- (9) State the mailing address of your firm, if it is different from your firm's street address.

B. Business Profile

- (1) In the box provided, briefly describe the primary business and professional activities in which your firm engages.
- (2) State the Federal Tax ID number of your firm as provided on your firm's filed tax returns, if you have one. This could also be the Social Security number of the owner of your firm.
- (3) State the date on which your firm was officially established, as stated in your firm's Articles of Incorporation or charter.
- (4) State the date on which you and/or each other owner took ownership of the firm.
- (5) Check the appropriate box that describes the manner in which you and each other owner

acquired ownership of your firm. If you checked "Other," explain in the space provided.

- (6) Check the appropriate box that indicates whether your firm is "for profit."

NOTE: If you checked "No," then you do NOT qualify for the DBE program and therefore do not need to complete the rest of this application. The DBE program requires all participating firms be for-profit enterprises.

- (7) Check the appropriate box that describes the legal form of ownership of your firm, as indicated in your firm's Articles of Incorporation. If you checked "Other," briefly explain in the space provided.
- (8) Check the appropriate box that indicates whether your firm has ever existed under different ownership, a different type of ownership, or a different name. If you checked "Yes," specify which and briefly explain the circumstances in the space provided.
- (9) Indicate in the spaces provided how many employees your firm has, specifying the number of employees who work on a full-time and part-time basis.
- (10) Specify the total gross receipts of your firm for each of the past three years, as declared in your firm's filed tax returns.

C. Relationships with Other Businesses

- (1) Check the appropriate box that indicates whether your firm is co-located at any of its business locations, or whether your firm shares a telephone number(s), a post office box, any office space, a yard, warehouse, other facilities, any equipment, or any office staff with any other business, organization, or entity of any kind. If you answered "Yes," then specify the name of the other firm(s) and briefly explain the nature of the shared facilities or other items in the space provided.
- (2) Check the appropriate box that indicates whether at present, or at any time in the past:
 - (a) Your firm has been a subsidiary of any other firm;
 - (b) Your firm consisted of a partnership in which one or more of the partners are other firms;
 - (c) Your firm has owned any percentage of any other firm; and
 - (d) Your firm has had any subsidiaries of its own.
- (3) Check the appropriate box that indicates whether any other firm has ever had an ownership interest in your firm.

- (4) If you answered "Yes" to any of the questions in (2)(a)-(d) or (3), identify the name, address and type of business for each.

D. Immediate Family Member Businesses

Check the appropriate box that indicates whether any of your immediate family members own or manage another company. An "immediate family member" is any person who is your father, mother, husband, wife, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, mother-in-law, or father-in-law. If you answered "Yes," provide the name of each relative, your relationship to them, the name of the company they own or manage, the type of business, and whether they own or manage the company.

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (if your firm has more than one owner, provide completed copies of this section for each additional owner):

A. Background Information

- (1) Give the name of the owner.
- (2) State his/her title or position within your firm.
- (3) Give his/her home phone number.
- (4) State his/her home (street) address.
- (5) Check the appropriate box that indicates this owner's gender.
- (6) Check the appropriate box that indicates this owner's ethnicity (check all that apply). If you checked "Other," specify this owner's ethnic group/identity not otherwise listed.
- (7) Check the appropriate box to indicate whether this owner is a U.S. citizen.
- (8) If this owner is not a U.S. citizen, check the appropriate box that indicates whether this owner is a lawfully admitted permanent resident. If this owner is neither a U.S. citizen nor a lawfully admitted permanent resident of the U.S., then this owner is NOT eligible for certification as a DBE owner. This, however, does not necessarily disqualify your firm altogether from the DBE program if another owner is a U.S. citizen or lawfully admitted permanent resident and meets the program's other qualifying requirements.

B. Ownership Interest

- (1) State the number of years during which this owner has been an owner of your firm.
- (2) Indicate the dollar value of this owner's initial investment to acquire an ownership interest in your firm, broken down by cash, real estate, equipment, and/or other investment.
- (3) State the percentage of total ownership control of your firm that this owner possesses.
- (4) State the familial relationship of this owner to each other owner of your firm.
- (5) Indicate the number, percentage of the total, class, date acquired, and method by which this owner acquired his/her shares of stock in your firm.

- (6) Check the appropriate box that indicates whether this owner performs a management or supervisory function for any other business. If you checked "Yes," state the name of the other business and this owner's title or function held in that business.
- (7) Check the appropriate box that indicates whether this owner owns or works for any other firm(s) that has any relationship with your firm. If you checked "Yes," identify the name of the other business and this owner's title or function held in that business. Briefly describe the nature of the business relationship in the space provided.

C. Disadvantaged Status

NOTE: You only need to complete this section for each owner that is applying for DBE qualification (i.e. for each owner who is claiming to be "socially and economically disadvantaged" and whose ownership interest is to be counted toward the control and 51% ownership requirements of the DBE program)

- (1) Indicate in the space provided the total Personal Net Worth (PNW) of each owner who is applying for DBE qualification. Use the PNW calculator form at the end of this application to compute each owner's PNW.
- (2) Check the appropriate box that indicates whether any trust has ever been created for the benefit of this disadvantaged owner. If you answered "Yes," briefly explain the nature, history, purpose, and current value of the trust(s).

Section 4: CONTROL

A. Identify your firm's Officers and Board of Directors:

- (1) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each officer of your firm.
- (2) In the space provided, state the name, title, date of appointment, ethnicity, and gender of each individual serving on your firm's Board of Directors.
- (3) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
- (4) Check the appropriate box that indicates whether any of your firm's officers and/or directors listed above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the officer or director, and the nature of his/her business relationship with that other firm.

B. Identify your firm's management personnel (by name, title, ethnicity, and gender) who control your firm in the following areas:

- (1) Making of financial decisions on your firm's behalf, including the acquisition of lines of credit, surety bonds, supplies, etc.;
 - (2) Estimating and bidding, including calculation of cost estimates, bid preparation and submission;
 - (3) Negotiating and contract execution, including participation in any of your firm's negotiations and executing contracts on your firm's behalf;
 - (4) Hiring and/or firing of management personnel, including interviewing and conducting performance evaluations;
 - (5) Field/Production operations supervision, including site supervision, scheduling, project management services, etc.;
 - (6) Office management;
 - (7) Marketing and sales;
 - (8) Purchasing of major equipment;
 - (9) Signing company checks (for any purpose); and
 - (10) Conducting any other financial transactions on your firm's behalf not otherwise listed.
 - (11) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business. If you answered "Yes," identify each person by name, his/her title, the name of the other business in which s/he is involved, and his/her function performed in that other business.
 - (12) Check the appropriate box that indicates whether any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with your firm. If you answered "Yes," identify the name of the firm, the name of the person, and the nature of his/her business relationship with that other firm.
- C. Indicate your firm's inventory in the following categories:**
- (1) Equipment**
State the type, make and model, and current dollar value of each piece of equipment held and/or used by your firm. Indicate whether each piece is either owned or leased by your firm.
 - (2) Vehicles**
State the type, make and model, and current dollar value of each motor vehicle held and/or used by your firm. Indicate whether each vehicle is either owned or leased by your firm.
 - (3) Office Space**
State the street address of each office space held and/or used by your firm. Indicate whether your firm owns or leases the office space and the current dollar value of that property or its lease.
 - (4) Storage Space**
State the street address of each storage space held and/or used by your firm. Indicate whether your firm owns or leases the storage space and the current dollar value of that property or its lease.
- D. Does your firm rely on any other firm for management functions or employee payroll?**
Check the appropriate box that indicates whether your firm relies on any other firm for management functions or for employee payroll. If you answered

"Yes," briefly explain the nature of that reliance and the extent to which the other firm carries out such functions.

E. Financial Information

(1) Banking Information

- (a) State the name of your firm's bank.
- (b) Give the main phone number of your firm's bank branch.
- (c) Give the address of your firm's bank branch.

(2) Bonding Information

- (a) State your firm's Binder Number.
- (b) State the name of your firm's bond agent and/or broker.
- (c) Give your agent's/broker's phone number.
- (d) Give your agent's/broker's address.
- (e) State your firm's bonding limits (in dollars), specifying both the Aggregate and Project Limits.

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of persons or firms securing the loan, if other than the listed owner:

State the name and address of each source, the original dollar amount and the current balance of each loan, and the purpose for which each loan was made to your firm.

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years:

Indicate in the spaces provided, the type of contribution or asset that was transferred, its current dollar value, the person or firm from whom it was transferred, the person or firm to whom it was transferred, the relationship between the two persons and/or firms, and the date of the transfer.

H. List current licenses/permits held by any owner or employee of your firm.

List the name of each person in your firm who holds a professional license or permit, the type of permit or license, the expiration date of the permit or license, and the license/permit number and issuing State of the license or permit.

I. List the three largest contracts completed by your firm in the past three years, if any.

List the name of each owner or contractor for each contract, the name and location of the projects under each contract, the type of work performed on each contract, and the dollar value of each contract.

J. List the three largest active jobs on which your firm is currently working.

For each active job listed, state the name of the prime contractor and the project number, the location, the type of work performed, the project start date, the anticipated completion date, and the dollar value of the contract.

AFFIDAVIT & SIGNATURE

Carefully read the attached affidavit in its entirety. Fill in the required information for each blank space, and sign and date the affidavit in the presence of a Notary Public, who must then notarize the form.

DISADVANTAGED BUSINESS ENTERPRISE PROGRAM
49 C.F.R. PART 26

UNIFORM CERTIFICATION APPLICATION

ROADMAP FOR APPLICANTS

- ① **Should I apply?**
- Is your firm at least 51%-owned by a socially and economically disadvantaged individual(s) who also controls the firm?
 - Is the disadvantaged owner a U.S. citizen or lawfully admitted permanent resident of the U.S.?
 - Does the disadvantaged owner's Personal Net Worth **not** exceed \$1.32 million (excluding the individual's ownership interest in the applicant firm and the equity in his/her primary residence)?
 - Is your firm a small business that meets the Small Business Administration's (SBA's) size standard and does not exceed \$22.41 million in gross annual receipts?
 - Is your firm organized as a for-profit business?
- ⇒ If you answered "Yes" to all of the questions above, you may be eligible to participate in the U.S. DOT DBE program.
- ② **Be sure to attach all of the required documents listed in the Documents Check List at the end of this form with your completed application.**
- ③ **Where can I find more information?**
- U.S. DOT – <http://osdbuweb.dot.gov/DBEProgram/index.cfm> (this site provides useful links to the rules and regulations governing the DBE program, questions and answers, and other pertinent information)
 - SBA – <http://www.sba.gov/services/contractingopportunities/sizestandardsttopics/index.html> (provides listing of NAICS codes and Table of size standards)
 - 49 CFR Part 26 (the rules and regulations governing the DBE program)

Updated 5/11/2011

Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 29, take enforcement action under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice for criminal prosecution under 18 U.S.C. 1001, which prohibits false statements in Federal programs.

Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Is your firm currently certified for any of the following programs? <i>(If Yes, check appropriate box(es))</i>	<input type="checkbox"/> DBE	Name of certifying agency:
		Has your firm's state UCP conducted an on-site visit?
		<input type="checkbox"/> Yes, on ____ / ____ / ____ State: _____ <input type="checkbox"/> No

B. Prior/Other Applications and Privileges

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?
<input type="checkbox"/> Yes, on ____ / ____ / ____ <input type="checkbox"/> No
If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action:

Section 2: GENERAL INFORMATION

A. Contact Information

(1) Contact person and Title:		(2) Legal name of firm:	
(3) Phone #:	(4) Other Phone #:	(5) Fax #:	
(6) E-mail:		(7) Website <i>(if have one)</i> :	
(8) Street address of firm <i>(No P.O. Box)</i> :	City:	County/Parish:	State: Zip:
(9) Mailing address of firm <i>(if different)</i> :	City:	County/Parish:	State: Zip:

B. Business Profile

(1) Describe the primary activities of your firm:	(2) Federal Tax ID (if any):
(3) This firm was established on ____ / ____ / ____	(4) I/We have owned this firm since: ____ / ____ / ____
(5) Method of acquisition <i>(check all that apply)</i> : <input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other <i>(explain)</i>	
(6) Is your firm "for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No	⊗ STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.

(7) Type of firm (check all that apply):

☐ Sole Proprietorship

☐ Partnership

☐ Corporation

☐ Limited Liability Partnership

☐ Limited Liability Corporation

☐ Joint Venture

☐ Other, Describe: _____

(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name?

☐ Yes ☐ No

If Yes, explain: _____

(9) Number of employees: Full-time _____ Part-time _____ Total _____

(10) Specify the gross receipts of the firm for the last 3 years: Year _____ Total receipts \$ _____

Year _____ Total receipts \$ _____

Year _____ Total receipts \$ _____

C. Relationships with Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?

☐ Yes ☐ No

If Yes, identify: Other Firm's name: _____

Explain nature of shared facilities: _____

(2) At present, or at any time in the past, has your firm:	(a) been a subsidiary of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) consisted of a partnership in which one or more of the partners are other firms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) owned any percentage of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(d) had any subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(3) Has any other firm had an ownership interest in your firm at present or at any time in the past? ☐ Yes ☐ No

(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (attach extra sheets, if needed):

	<u>Name</u>	<u>Address</u>	<u>Type of Business</u>
1.			
2.			
3.			

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company? ☐ Yes ☐ No

If Yes, then list (attach extra sheets, if needed):

	<u>Name</u>	<u>Relationship</u>	<u>Company</u>	<u>Type of Business</u>	<u>Own or Manage?</u>
1.					
2.					

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below *(If more than one owner, attach separate sheets for each additional owner):*

A. Background Information

(1) Name:	(2) Title:	(3) Home Phone #:
(4) Home Address <i>(street and number)</i> : _____ City: _____ State: _____ Zip: _____		
(5) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	(6) Ethnic group membership <i>(Check all that apply)</i> :	
(7) U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Subcontinent Asian <input type="checkbox"/> Other <i>(specify)</i> _____	
(8) Lawfully Admitted Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Ownership Interest

(1) Number of years as owner:	(2) Initial investment to										
(3) Percentage owned:	acquire ownership										
(4) Familial relationship to other owners:	interest in firm:										
	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;"><u>Type</u></td> <td style="text-align: right;"><u>Dollar Value</u></td> </tr> <tr> <td style="text-align: right;">Cash</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: right;">Real Estate</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: right;">Equipment</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: right;">Other</td> <td style="text-align: right;">\$</td> </tr> </table>	<u>Type</u>	<u>Dollar Value</u>	Cash	\$	Real Estate	\$	Equipment	\$	Other	\$
<u>Type</u>	<u>Dollar Value</u>										
Cash	\$										
Real Estate	\$										
Equipment	\$										
Other	\$										
(5) Shares of Stock: <u>Number</u> <u>Percentage</u> <u>Class</u> <u>Date acquired</u> <u>Method Acquired</u>											
(6) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If Yes, identify: Name of Business: _____ Function/Title: _____											
(7) Does this owner own or work for any other firm(s) that has a relationship with this firm <i>(e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If Yes, identify: Name of Business: _____ Function/Title: _____											
Nature of Business Relationship: _____											

C. Disadvantaged Status – NOTE: Complete this section only for each owner applying for DBE qualification **(i.e. for each owner claiming to be socially and economically disadvantaged)**

(1) What is the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification? <i>(Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying)</i>
(2) Has any trust been created for the benefit of this disadvantaged owner(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain <i>(attach additional sheets if needed)</i> :

Section 4: CONTROL

A. Identify your firm's Officers & Board of Directors *(If additional space is required, attach a separate sheet):*

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(a)				
	(b)				
	(c)				
	(d)				
	(e)				
(2) Board of Directors	(a)				
	(b)				
	(c)				
	(d)				
	(e)				

(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business? ☐ Yes ☐ No

If Yes, identify for each: Person: _____ Title: _____
 Business: _____ Function: _____

(4) Do any of the persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? ☐ Yes ☐ No

If Yes, identify for each: Firm Name: _____ Person: _____
 Nature of Business Relationship: _____

B. Identify your firm's management personnel who control your firm in the following areas *(If more than two persons, attach a separate sheet):*

	Name	Title	Ethnicity	Gender
(1) Financial Decisions <i>(responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)</i>	a.			
	b.			
(2) Estimating and bidding	a.			
	b.			
(3) Negotiating and Contract Execution	a.			
	b.			
(4) Hiring/firing of management personnel	a.			
	b.			
(5) Field/Production Operations Supervisor	a.			
	b.			
(6) Office management	a.			
	b.			
(7) Marketing/Sales	a.			
	b.			

(8) Purchasing of major equipment	a.			
	b.			
(9) Authorized to Sign Company Checks (for any purpose)	a.			
	b.			
(10) Authorized to make Financial Transactions	a.			
	b.			
(11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify for each: Person: _____ Title: _____ Business: _____ Function: _____				
(12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify for each: Firm Name: _____ Person: _____ Nature of Business Relationship: _____				

C. Indicate your firm's inventory in the following categories (attach additional sheets if needed):

(1) Equipment

Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(2) Vehicles

Type of Vehicle	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(3) Office Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

(4) Storage Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

D. Does your firm rely on any other firm for management functions or employee payroll? ☐ Yes ☐ No

If Yes, explain:

E. Financial Information**(1) Banking Information:**

(a) Name of bank: _____ (b) Phone No: () _____
 (c) Address of bank: _____ City: _____ State: _____ Zip: _____

(2) Bonding Information: If you have bonding capacity, identify:

(a) Binder No: _____
 (b) Name of agent/broker _____ (c) Phone No: () _____
 (d) Address of agent/broker: _____ City: _____ State: _____ Zip: _____
 (e) Bonding limit: Aggregate limit \$ _____ Project limit \$ _____

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner:

Name of Source	Address of Source	Name of Person Securing the Loan	Original Amount	Current Balance	Purpose of Loan
1.					
2.					
3.					

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed):

Contribution/Asset	Dollar Value	From Transferred	Whom	To Transferred	Whom	Relationship	Date of Transfer
1.							
2.							
3.							

H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.)(attach additional sheets if needed):

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State
1.			
2.			
3.			

I. List the three largest contracts completed by your firm in the past three years, if any:

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
1.			
2.			
3.			

J. List the [three](#) largest active jobs on which your firm is currently working:

Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1.					
2.					
3.					

<p align="center">DBE UNIFORM CERTIFICATION APPLICATION SUPPORTING DOCUMENTS CHECKLIST In order to complete your application for DBE certification, you must attach copies of all of the following documents as they apply to you and your firm.</p>

All Applicants

- ☐ Work experience resumes (that include places of ownership/employment with corresponding dates), for all owners and officers of your firm
- ☐ Personal Financial Statement (form available with this application)
- ☐ Personal tax returns for the past three years, if applicable, for each owner claiming disadvantaged status
- ☐ Your firm's tax returns (gross receipts) and all related schedules for the past three years
- ☐ Documented proof of contributions used to acquire ownership for each owner (*e.g. both sides of cancelled checks*)
- ☐ Your firm's signed loan agreements, security agreements, and bonding forms
- ☐ Descriptions of all real estate (including office/storage space, etc.) owned/leased by your firm and documented proof of ownership/signed leases
- ☐ List of equipment leased and signed lease agreements
- ☐ List of construction equipment and/or vehicles owned and titles/proof of ownership
- ☐ Documented proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years
- ☐ Year-end balance sheets and income statements for the past three years (*or life of firm, if less than three years*); a new business must provide a current balance sheet
- ☐ All relevant licenses, license renewal forms, permits, and haul authority forms
- ☐ DBE certifications, denials, and/or decertifications, if applicable
- ☐ Bank authorization and signatory cards
- ☐ Schedule of salaries (or other compensation or remuneration) paid to all officers, managers, owners, and/or directors of the firm
- ☐ Trust agreements held by any owner claiming disadvantaged status, if any

Partnership or Joint Venture

- ☐ Original and any amended Partnership or Joint Venture Agreements

Corporation or LLC

- ☐ Official Articles of Incorporation (*signed by the state official*)
- ☐ Both sides of all corporate stock certificates and your firm's stock transfer ledger
- ☐ Shareholders' Agreement
- ☐ Minutes of all stockholders and board of directors meetings
- ☐ Corporate by-laws and any amendments
- ☐ Corporate bank resolution and bank signature cards
- ☐ Official Certificate of Formation and Operating Agreement with any amendments (for LLCs)

Trucking Company

- ☐ Documented proof of ownership of the company
- ☐ Insurance agreements for each truck owned or operated by your firm
- ☐ Title(s) and registration certificate(s) for each truck owned or operated by your firm
- ☐ List of U.S. DOT numbers for each truck owned or operated by your firm

Regular Dealer

- ☐ Proof of warehouse ownership or lease
- ☐ List of product lines carried
- ☐ List of distribution equipment owned and/or leased

NOTE: The specific state UCP to which you are applying may have additional required documents that you must also supply with your application. Contact the appropriate certifying agency to which you are applying to find out if more is required. (See Supplemental Document Checklist)

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I _____ (full name printed), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise (DBE). In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s) (check all that apply):

Female	_____	Black American	_____
Hispanic American	_____	Asian-Pacific American	_____
Native American	_____	Subcontinent Asian American	_____
Other (specify)	_____		

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed \$1,320,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on _____ (Date)

Signature _____
(DBE Applicant)

NOTARY CERTIFICATE

COMPLETING A PERSONAL NET WORTH STATEMENT

(Personal Net Worth Statements and Related Financial Information Are Not Subject To Public Records Laws)

For New Applicants:

All Owners Claiming Disadvantaged Status MUST Submit An Up-To-Date Personal Net Worth Statement, And Support It, By Providing Complete (All Schedules) Signed Copies Of Their Last Three Federal Individual Income Tax Returns (1040) Filed With The Internal Revenue Service.

For Continuing Eligibility:

All Owners Claiming Disadvantaged Status MUST Submit An Up-To-Date Personal Net Worth Statement, And Support It, By Providing A Complete (All Schedules) Signed Copy Of Their Most Recent Federal Individual Income Tax Return (1040) Filed With The Internal Revenue Service.

Each Owner Claiming Disadvantaged Status Must Provide His Or Her Own Individual Personal Net Worth Statement And Complete Personal Tax Returns.

Married Owners, Both Claiming Disadvantaged Status, Must Provide Individual Personal Net Worth Statements. Joint Statements Are Not Acceptable. However, A Single Set Of Complete "Joint" Tax Returns Is Acceptable In This Situation.

Read The Descriptions Provided In The Heading Of Each Section.

You must complete each asset and liability section (1 through 12) transferring the total from each section to the Summary Page. For any section where no asset or liability exists, you must indicate "Not Applicable," and enter zero(s). If you require more space in any section, attach additional sheets, and reference the appropriate section number and heading.

If you hold any asset or liability jointly, you, the disadvantaged individual, need only reflect the value of your individual share.

"Owner Equity In Primary Residence" Is The Current Fair Market Value Of Your Primary (Homestead) Residence, Less The Total Dollar Amount Of All Outstanding Mortgages, Loans Or Other Financial Lien Amounts Against This Property And Any Improvements Thereon. Do Not Include The Resulting Dollar Amount, As Either An Asset Or A Liability, In Calculating Your Personal Net Worth. Do Not Include The Total Dollar Amount Of All Outstanding Mortgages, Loans Or Other Financial Lien Amounts Against Your Primary Residence, As A Liability, In Calculating Your Personal Net Worth.

Do Not Include The Current Fair Market Value Of The DBE Applicant Business As An Asset.

Do Not Include The Total Dollar Amount Of All Mortgages, Loans, Lines Of Credit And Other Financial Lien Amounts Against The Applicant Business, Even If You Are Personally Liable For Repayment Should The Business Default, As A Liability.

SECTION 1: CASH ON HAND & IN BANKS

This is the total amount of your cash on hand, including funds deposited in U.S and Foreign financial institutions. This includes, but is not limited to, funds accumulated in savings accounts, checking accounts, certificates of deposit and money market accounts.

NAME OF FINANCIAL INSTITUTION	ACCOUNT TYPE	OWNERSHIP %	AMOUNT
			\$

TOTAL CASH (Transfer to Summary Page Line 1): \$ _____

SECTION 2: IRA OR OTHER RETIREMENT ACCOUNTS

Individual and other retirement accounts include any fund representing an IRA, an employer/employee funded program such as a 401K or any other retirement plan. This includes the individual and employer contributions made to the plan.

NAME OF COMPANY OR INSTITUTION HOLDER	CURRENT VALUE

TOTAL RETIREMENT ACCOUNTS (Transfer to Summary Page Line 2) \$ _____

SECTION 3: LIFE INSURANCE - CASH SURRENDER VALUE

The CASH SURRENDER VALUE of any life insurance policies you own. Indicate any loans against these policies.

NAME OF INSURANCE COMPANY	CASH VALUE	LOAN AMOUNT
	\$	\$
	\$	\$
	\$	\$

TOTAL CASH VALUE (Transfer to Summary Page Line 3) \$ _____

TOTAL LOANS OUTSTANDING (Transfer to Summary Page Line 13) \$ _____

SECTION 4: STOCKS, BONDS, AND OTHER SECURITIES

The value of your stocks, bonds, securities, and any other investments not covered in previous sections. **DO NOT INCLUDE THE VALUE OF STOCK IN THE APPLICANT BUSINESS.**

TRUSTEE OR BROKERAGE ACCOUNT	OWNERSHIP %	MARKET VALUE
		\$
		\$
		\$

TOTAL STOCKS, BONDS, & SECURITIES (Transfer to Summary Page Line 4) \$ _____

SECTION 5: CURRENT FAIR MARKET VALUE OF OTHER BUSINESS INTERESTS

If you own more than 5% of any other business, you must declare the current fair market value of your interest in each of these businesses. Use the most recent financial statement to determine the value of your ownership interest(s).

NAME OF BUSINESS	CURRENT VALUE OF YOUR OWNERSHIP
1.	\$
2.	\$
3.	\$

TOTAL VALUE OF OWNERSHIP (Transfer to Summary Page Line 5) \$ _____

SECTION 6: REAL ESTATE

DO NOT LIST YOUR PRIMARY RESIDENCE OR ANY MORTGAGE OR OTHER LOAN(S) AGAINST YOUR PRIMARY RESIDENCE. List all other residential and business property at current market value. This includes, but is not limited to, rental homes, condominiums, beach homes, and second homes as investments, personal property leased or rented for business purposes, farm properties or any other income producing land or property. List all mortgages against these real properties. (Use additional sheet, as necessary. Identify all lending institutions on a separate sheet)

ADDRESS (Include City and State)	TYPE OF USE	OWNERSHIP %	MARKET VALUE	MORTGAGE BALANCE

TOTAL REAL ESTATE (Transfer to Summary Page Line 6) \$ _____

MORTGAGE LOAN(S) (Transfer to Summary Page Line 14) \$ _____

SECTION 7: PERSONAL VEHICLES

List all personal autos, trucks, boats, and recreational vehicles owned at current market value. Include personally owned vehicles leased or rented to businesses or other individuals. Include any loan balances against these personal vehicles.

YEAR AND DESCRIPTION	OWNERSHIP %	CURRENT VALUE	NOTE BALANCE

TOTAL VALUE (Transfer to Summary Page Line 7) \$ _____

TOTAL LOAN BALANCE (Transfer to Summary Page Line 12) \$ _____

SECTION 8: OTHER PERSONAL PROPERTY

YOU MUST DECLARE ALL OTHER PERSONAL PROPERTY, which includes, but is not limited to, household goods, computers, electronic equipment, jewelry, antiques and collectibles, etc. at their current market value. You must retain your compilation list, but you need only provide the total below. Calculate only the value of your share of ownership. For example, if the total value is \$100, and your share is one-half, you would list \$50 as the Total.

DESCRIPTION	AMOUNT

TOTAL OTHER PERSONAL PROPERTY (Transfer to Summary Page Line 8) \$ _____

SECTION 9: OTHER ASSETS

The market value of any other assets you own that do not fit into one of the foregoing sections.

DESCRIPTION OF ASSETS	VALUE

TOTAL OTHER ASSETS (Transfer to Summary Page Line 9) \$ _____

SECTION 10: ACCOUNTS PAYABLE

These include credit card debt, store accounts and other personal obligations, not associated with the applicant firm, payable by you personally. Do not include payables listed in other sections.

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

TOTAL ACCOUNTS PAYABLE (Transfer to Summary Page Line 10) \$ _____

SECTION 11: NOTES PAYABLE

Include the current balance(s) of any personal loan(s) not reflected elsewhere in this document and any other personal debt guaranteed by your signature. Shareholder loans must be in the form of a written agreement, with defined interest and a repayment schedule. **DO NOT INCLUDE BUSINESS RELATED NOTES FOR WHICH YOU ARE, IN ANY WAY, PERSONALLY RESPONSIBLE.**

DESCRIPTION OF LOAN	AMOUNT

TOTAL NOTES PAYABLE (Transfer to Summary Page Line 11) \$ _____

SECTION 12 UNPAID TAXES

Include your portion of any current obligation for unpaid taxes, i.e. Federal, State, or County property assessments. **WE MAY REQUEST EVIDENCE OF THIS OBLIGATION.**

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

TOTAL UNPAID TAXES (Transfer to Summary Page Line 15) \$ _____

SECTION 13: OTHER LIABILITIES

Include your share of any liability not previously accounted for in this statement. **DO NOT LIST ANY CONTINGENT OR DEFERRED LIABILITIES. DO NOT LIST ANY APPLICANT BUSINESS LIABILITIES.**

DESCRIPTION	AMOUNT

TOTAL OTHER LIABILITIES (Transfer to Summary Page Line 16) \$ _____

A. In the last two years, has this owner transferred any asset to the spouse, or other individual, or has this owner established any trust accounts? ☐ Yes ☐ No (If "Yes," provide a statement describing the items transferred and market cost. Provide a copy of written documents applicable.)

**NET WORTH SUMMARY PAGE
FLORIDA UNIFIED CERTIFICATION PROGRAM**

PERSONAL NET WORTH OF _____
(PRINTED NAME OF INDIVIDUAL)

AS OF: _____
(DATE)

ASSETS	DOLLAR VALUE
---------------	---------------------

1. Cash (Total Section 1)	\$ _____
----------------------------------	-----------------

2. Retirement Accounts (Total Section 2)	_____
---	-------

3. Life Insurance (Total Section 3)	_____
--	-------

4. Stocks, Bonds, and Other Securities (Total Section 4)	_____
---	-------

5. Fair Market Value of Other Business(s) (Total Section 5)	_____
--	-------

6. Real Estate (Total Section 6)	_____
---	-------

7. Personal Vehicles (Total Section 7)	_____
---	-------

8. Other Personal Property (Total Section 8)	_____
---	-------

9. Other Assets (Total Section 9)	_____
--	-------

TOTAL ASSETS	\$ _____
---------------------	-----------------

LIABILITIES	DOLLAR VALUE
--------------------	---------------------

10. Accounts Payable (Total Section 10)	\$ _____
--	-----------------

11. Notes Payable (Total Section 11)	_____
---	-------

12. Notes on Personal Vehicles (Total Section 7)	_____
---	-------

13. Loans against Life Insurance (Total Section 3)	_____
---	-------

14. Real Estate Mortgage(s) (Total Section 6)	_____
--	-------

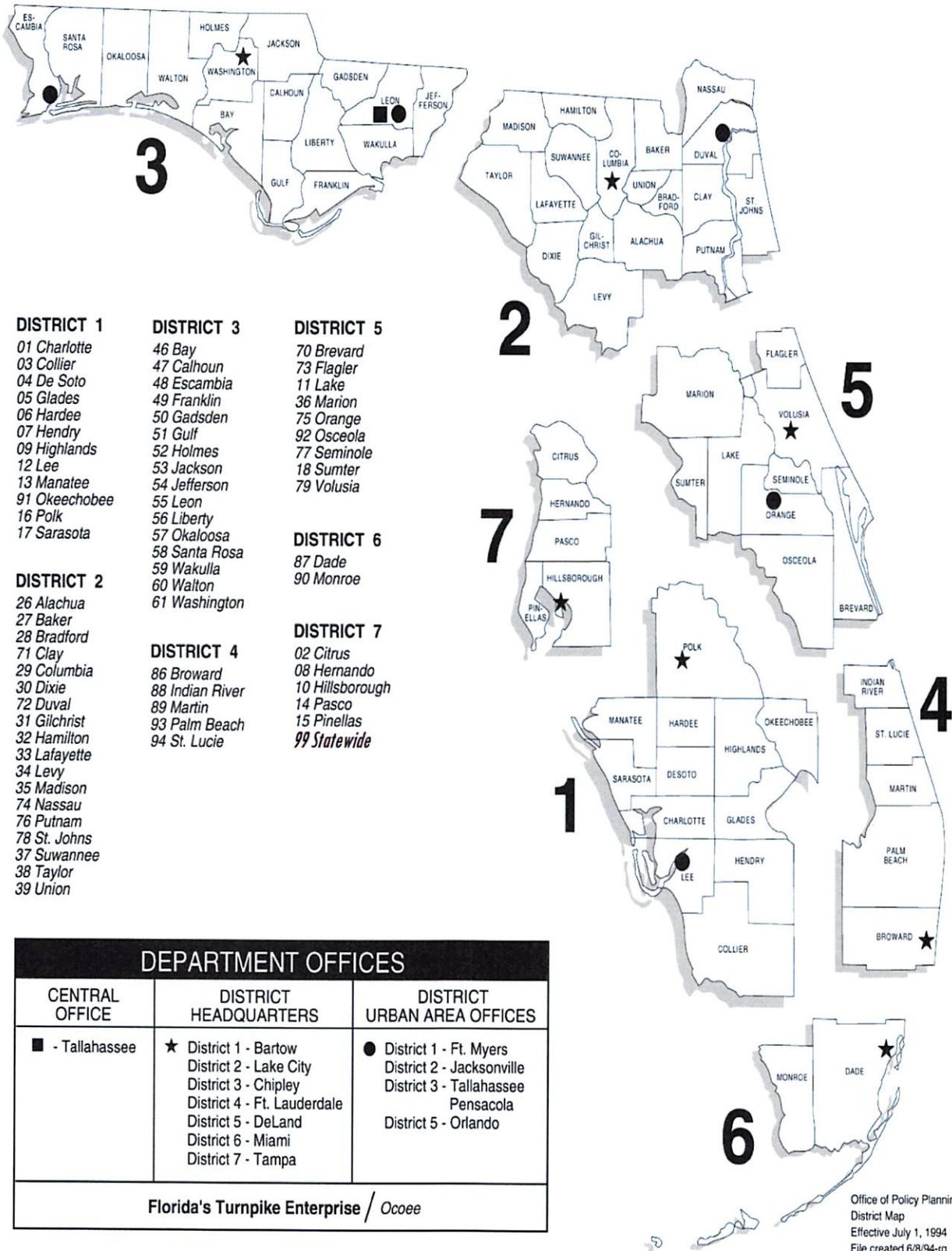
15. Unpaid Taxes (Total from Section 12)	_____
---	-------

16. Other Liabilities (Total Section 13)	_____
---	-------

TOTAL LIABILITIES	\$ _____
--------------------------	-----------------

NET WORTH (Total Assets, Minus Total Liabilities)	\$ _____
--	-----------------

Florida Department of Transportation Districts



FLORIDA UNIFIED CERTIFICATION PROGRAM (FUCP) CERTIFYING MEMBERS



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