CITY OF ABILENE

Disadvantaged Business Enterprise (DBE) Program

Attachment C

Good Faith Efforts
(Appendix A of 49 CFR 26)

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meet the goal. The bidder can meet this requirement in either of two ways. First, the bidder can meet the goal, documenting commitments for participation by DBE firms sufficient for this purpose. Second, even if it doesn't meet the goal, the bidder can document adequate good faith efforts. This means that the bidder must show that it took all necessary and reasonable steps to achieve a DBE goal or other requirement of this part which, by their scope, intensity, and appropriateness to the objective, could reasonably be expected to obtain sufficient DBE participation, even if they were not fully successful.

II. In any situation in which you have established a contract goal, part 26 requires you to use the good faith efforts mechanism of this part. As a recipient, it is up to you to make a fair and reasonable judgment whether a bidder that did not meet the goal made adequate good faith efforts. It is important for you to consider the quality, quantity, and intensity of the different kinds of efforts that the bidder has made. The efforts employed by the bidder should be those that one could reasonably expect a bidder to take if the bidder were actively and aggressively trying to obtain DBE participation sufficient to meet the DBE contract goal. Mere *pro forma* efforts are not good faith efforts to meet the DBE contract requirements. We emphasize, however, that your determination concerning the sufficiency of the firm's good faith efforts is a judgment call: meeting quantitative formulas is not required.

III. The Department also strongly cautions you against requiring that a bidder meet a contract goal (*i.e.*, obtain a specified amount of DBE participation) in order to be awarded a contract, even though the bidder makes an adequate good faith efforts showing. This rule specifically prohibits you from ignoring *bona fide* good faith efforts.

IV. The following is a list of types of actions which you should consider as part of the bidder's good faith efforts to obtain DBE participation. It is not intended to be a mandatory checklist, nor is it intended to be exclusive or exhaustive. Other factors or types of efforts may be relevant in appropriate cases.

A. Soliciting through all reasonable and available means (e.g. attendance at pre-bid meetings, advertising and/or written notices) the interest of all certified DBEs who have the capability to perform the work of the contract. The bidder must solicit this interest within sufficient time to allow the DBEs to respond to the solicitation. The bidder must determine with certainty if the DBEs are interested by taking appropriate steps to follow up initial solicitations.

B. Selecting portions of the work to be performed by DBEs in order to increase the likelihood that the DBE goals will be achieved. This includes, where appropriate, breaking out contract work items into economically feasible units to facilitate DBE participation, even when the prime contractor might otherwise prefer to perform these work items with its own forces.

C. Providing interested DBEs with adequate information about the plans, specifications, and requirements of the contract in a timely manner to assist them in responding to a solicitation.

D. (1) Negotiating in good faith with interested DBEs. It is the bidder's responsibility to make a portion of the work available to DBE subcontractors and suppliers and to select those portions of the work or material needs consistent with the available DBE subcontractors and suppliers, so as to facilitate DBE participation. Evidence of such negotiation includes the names, addresses, and telephone numbers of DBEs that were considered; a description of the information provided regarding the plans and specifications for the work selected for subcontracting; and evidence as to why additional agreements could not be reached for DBEs to perform the work.

(2) A bidder using good business judgment would consider a number of factors in negotiating with subcontractors, including DBE subcontractors, and would take a firm's price and capabilities as well as contract goals into consideration. However, the fact that there may be some additional costs involved in finding and using DBEs is not in itself sufficient reason for a bidder's failure to meet the contract DBE goal, as long as such costs are reasonable. Also, the ability or desire of a prime contractor to perform the work of a contract with its own organization does not relieve the bidder of the responsibility to make good faith efforts. Prime contractors are not, however, required to accept higher quotes from DBEs if the price difference is excessive or unreasonable.

E. Not rejecting DBEs as being unqualified without sound reasons based on a thorough investigation of their capabilities. The contractor's standing within its industry, membership in specific groups, organizations, or associations and political or social affiliations (for example union vs. non-union employee status) are not legitimate causes for the rejection or non-solicitation of bids in the contractor's efforts to meet the project goal.

F. Making efforts to assist interested DBEs in obtaining bonding, lines of credit, or insurance as required by the recipient or contractor.

G. Making efforts to assist interested DBEs in obtaining necessary equipment, supplies, materials, or related assistance or services.

H. Effectively using the services of available minority/women community organizations; minority/women contractors' groups; local, state, and Federal minority/women

business assistance offices; and other organizations as allowed on a case-by-case basis to provide assistance in the recruitment and placement of DBEs.

V. In determining whether a bidder has made good faith efforts, you may take into account the performance of other bidders in meeting the contract. For example, when the apparent successful bidder fails to meet the contract goal, but others meet it, you may reasonably raise the question of whether, with additional reasonable efforts, the apparent successful bidder could have met the goal. If the apparent successful bidder fails to meet the goal, but meets or exceeds the average DBE participation obtained by other bidders, you may view this, in conjunction with other factors, as evidence of the apparent successful bidder having made good faith efforts.

CITY OF ABILENE

Disadvantaged Business Enterprise (DBE) Program

Attachment D

Excerpt from TxDOT
Program Listing

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Texas Unified Certification Program (TUCP) Alphabetic Listing (Statewide)

TUCP DBE Alphabetic Listing: 'A'

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z | 0-9
Last Updated: Tuesday, May 14, 2013

A & A AERO STRUCTURES INC
Contact: RONALD ATKINS
800 SCHNEIDER BLDG. M
CIBOLO, TX78108
County: GUADALUPE

***Certified by:** SCTRCA
Region of: SCTRCA
Annual Renewal Date: 08/15/2013
Email: uni.fied@sbcglobal.net
Phone: 210-566-3660
Fax: 210-568-2136

Types of Work Performed:
NAICS Work Categories (Codes):

- Fabricated Structural Metal Manufacturing (332312)
- Machine Shops (332710)
- All Other Miscellaneous Fabricated Metal Product Manufacturing (332999)

District(s): STATEWIDE DISTRICTS

A & A CONSTRUCTION COMPANY
Contact: ANTONIO ESQUIVEL
P.O. BOX 202212
ARLINGTON, TX76006
County: TARRANT

***Certified by:** NCTRCA
Region of: NCTRCA
Annual Renewal Date: 01/31/2013
Email: irene@aaconstructionco.com
Phone: 817-267-2757
Fax: 817-267-2887

Types of Work Performed:
NAICS Work Categories (Codes):

- Highway, Street, and Bridge Construction (237310)
- Other Construction Material Merchant Wholesalers (423390)
- Site Preparation Contractors (238910)

District(s): STATEWIDE DISTRICTS

A & A TRUCKING, LLC
Contact: ANTONIO A. RODRIGUEZ
418 E. TEXAS AVE.
BAYTOWN, TX77528
County: HARRIS

***Certified by:** HOUSTON
Region of: HOUSTON
Annual Renewal Date: 06/30/2013
Email: aadmptrk@aol.com
Phone: 281-837-1274
Fax: 281-427-2124

Types of Work Performed:
NAICS Work Categories (Codes):

- Brick, Stone, and Related Construction Material Merchant Wholesalers (423320)
- Specialized Freight (except Used Goods) Trucking, Local (484220)

District(s): STATEWIDE DISTRICTS

A & B DELIVERY SERVICES
Contact: AUDREY THOMAS
5429 CHERRY GLEN LANE
DALLAS, TX75232
County: DALLAS

***Certified by:** NCTRCA
Region of: NCTRCA
Annual Renewal Date: 12/31/2013
Email: bathomas@airmail.net
Phone: 214-876-0798
Fax: 214-375-8938

Types of Work Performed:
NAICS Work Categories (Codes):

- General Freight Trucking, Local (484110)

District(s): DAL, FTW

A & B ENVIRONMENTAL SERVICES, INC.
Contact: RAMASAMY RAMAKRISHNAN
10100 EAST FREEWAY
HOUSTON, TX77029
County: HARRIS

***Certified by:** HOUSTON
Region of: HOUSTON
Annual Renewal Date: 09/30/2013
Email: kitty2@hal-pc.org
Phone: 713-453-6060
Fax: 713-453-6091

Types of Work Performed:
NAICS Work Categories (Codes):

- Testing Laboratories (541380)

District(s): STATEWIDE DISTRICTS

A & B MASONRY, LLC
Contact: HALEY J. NEVIL
11536 WILD ROSE LANE
ANNA, TX75409
County: COLLIN

***Certified by:** NCTRCA
Region of: NCTRCA
Annual Renewal Date: 12/31/2012
Email: haley@aandbmasonry.com
Phone: 972-924-2488
Fax: 972-924-2484

Types of Work Performed:
NAICS Work Categories (Codes):

- Masonry Contractors (238140)

District(s): STATEWIDE DISTRICTS

A & H CONSULTING, INC.
Contact: ANNEMARIE INGE KOHLMOS
PO BOX 769
KELLER, TX76262
County: TARRANT

***Certified by:** NCTRCA
Region of: NCTRCA
Annual Renewal Date: 07/31/2010
Email: anne@myahc.com
Phone: 817-379-2400
Fax: 817-337-2581

Types of Work Performed:
NAICS Work Categories (Codes):

- Employment Placement Agencies (561310)
- Temporary Help Services (561320)
- Other Computer Related Services (541519)

District(s): DAL, FTW

A & L ENGINEERING AND CONSULTING, INC
Contact: LAILA RASHEDI ASHRAFI
4720 STONEHOLLOW WAY
DALLAS, TX75287
County: DALLAS

***Certified by:** NCTRCA
Region of: NCTRCA
Annual Renewal Date: 09/30/2010
Email: nooriyeh@sbcglobal.net
Phone: 972-818-2946
Fax: 972-773-0189

Types of Work Performed:
NAICS Work Categories (Codes):

- Computer Systems Design Services (541512)
- Engineering Services (541330)
- Building Inspection Services (541350)

District(s): STATEWIDE DISTRICTS

A & L SERVICES, INC.
Contact: LUIS GARZA RODRIGUEZ
P O BOX 262526

***Certified by:** HOUSTON
Region of: HOUSTON
Annual Renewal Date: 03/31/2013

P.O. BOX 262520 — Annual Renewal Date: 03/31/2013

HOUSTON, TX77207
County: HARRIS

Email: alsluis@sbcglobal.net
Phone: 713-645-4580
Fax: 713-645-0234

Types of Work Performed:
NAICS Work Categories (Codes):

- Plumbing, Heating, and Air-Conditioning Contractors (238220)

District(s): STATEWIDE DISTRICTS

A & P TRUCKING
Contact: ARNOLD PEREZ
9031 PINEWOOD DRIVE
DALLAS, TX75243
County: DALLAS

***Certified by:** NCTRCA
Region of: NCTRCA
Annual Renewal Date: 04/30/2014
Email: avalenzuela@sbcglobal.net
Phone: 214-394-9160
Fax: 000-000-0000

Types of Work Performed:
NAICS Work Categories (Codes):

- Specialized Freight (except Used Goods) Trucking, Local (484220)
- Specialized Freight (except Used Goods) Trucking, Long-Distance (484230)

District(s): DAL, FTW

A & R RENT- A- FENCE
Contact: ROSA E LOPEZ
8008 ROSEMONT RD
DALLAS, TX75217
County: DALLAS

***Certified by:** NCTRCA
Region of: NCTRCA
Annual Renewal Date: 07/31/2013
Email: rosadlanr@gmail.com
Phone: 214-391-1929
Fax: 214-391-2661

Types of Work Performed:
NAICS Work Categories (Codes):

- All Other Specialty Trade Contractors (238990)

District(s): STATEWIDE DISTRICTS

A & S STEEL GROUP, LTD
Contact: STACY SMITH
1701 BRENNAN AVENUE
FORT WORTH, TX76179
County: TARRANT

***Certified by:** NCTRCA
Region of: NCTRCA
Annual Renewal Date: 04/30/2013
Email: assteel@hotmail.com
Phone: 817-626-7720
Fax: 817-626-0267

Types of Work Performed:
NAICS Work Categories (Codes):

- All Other Miscellaneous Fabricated Metal Product Manufacturing (332999)
- Fabricated Structural Metal Manufacturing (332312)
- Air-Conditioning and Warm Air Heating Equipment & Commercial &Industrial Refrigeration Equip Manufacturing (333415)

District(s): STATEWIDE DISTRICTS

A AND M ELECTRONICS SUPPLY, INC.
Contact: CHONG B. CHAN
4254 BLUEBONNET DR.
STAFFORD, TX77477
County: FORT BEND

***Certified by:** HOUSTON
Region of: HOUSTON
Annual Renewal Date: 03/31/2013
Email: bill@anmelectronics.com
Phone: 281-240-8999
Fax: 281-240-9003

Types of Work Performed:
NAICS Work Categories (Codes):

- Other Electronic Parts and Equipment Merchant Wholesalers (423690)

District(s): STATEWIDE DISTRICTS

CITY OF ABILENE

Disadvantaged Business Enterprise (DBE) Program

Attachment E

City of Abilene
Goal Methodology

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ATTACHMENT E

Section 26.45: Overall Three-Year DBE Goal Setting Methodology Report

The City of Abilene, Texas, submits its Disadvantaged Business Enterprise (DBE) *Overall Goal Setting Methodology Report* to the Federal agencies listed in Section 26.3 of its DBE Program for review and approval. The report must be prepared in compliance with 49 CFR Part 26.45, *Participation by Disadvantaged Business Enterprises.*

These regulations require that the overall goal be prepared using a two-step process whereby the recipient must first determine a base figure for the relative availability of certified and non-certified minority and woman-owned business enterprises in the relevant market area.

Next, the recipient must examine all relevant evidence to determine what adjustment to the base figure, if any, is needed in order to arrive at an overall goal. The final adjusted figure is the recipient's overall goal, and represents the proportion of Federal funding the recipient is expected to allocate to DBEs during the subsequent three Federal fiscal years.

Once the adjusted overall goal is determined, the recipient is required to determine what portion of the goal will be met by race and gender-neutral measures. If a recipient believes that it can meet its overall goal with race and gender-neutral measures, those measures must be utilized. In contrast, if the recipient determines it cannot achieve the entire overall goal using only race and gender-neutral measures, it must establish a race and gender-conscious portion of the overall goal.

The *Overall Three-Year DBE Goal Setting Methodology Report* for the City of Abilene will be prepared once each agency receiving Federal funds has developed and implemented its Capital Program. The DBE goal for each agency will be vetted through the use of a separate public involvement process for each.

CITY OF ABILENE

Disadvantaged Business Enterprise (DBE) Program

Attachment F

Texas Unified Certification Program (TUCP) Letter of Agreement

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TEXAS UNIFIED CERTIFICATION PROGRAM
LETTER OF AGREEMENT

Federal Regulation, 49 CFR, Part 26, Subpart E, section 26.81 states that each state must implement a "one stop" certification process for Disadvantaged Business Enterprises (DBEs). Each entity receiving Department of Transportation (DOT) funds is required to enter into and sign an agreement establishing and supporting a Unified Certification Program (UCP) within the state. In response to this mandate, six agencies have agreed to perform the certification of DBEs within the state of Texas under the Texas Unified Certification Program (TUCP). The six agencies are: Texas Department of Transportation, North Central Texas Regional Certification Agency, South Central Texas Regional Certification Agency, City of Houston, City of Austin and the Corpus Christi Regional Transportation Authority.

The regulation requires the TUCP to construct and maintain a database directory in which the Texas Department of Transportation (TxDOT) has agreed to maintain. Specific responsibilities of the certifying entities and the territories for which they are responsible are specified in the attached Memorandum of Agreement.

By signing this Letter of Agreement, City of Abilene certifies that it is willing to participate in the certification decisions of the six certifying agencies of the TUCP, which will conduct certification evaluations for DBEs within the state of Texas, according to the guidelines promulgated in 49 CFR, Part 26.

City of Abilene also acknowledges that the TUCP Memorandum of Agreement is, as currently structured, only a DBE certification program. Any changes to the structure of the TUCP will be placed before each recipient and its respective authority for consideration at least thirty days (30) prior to any changes being enacted. It may be amended if 49 CFR, Part 26 is amended by Congress.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto this 15 day of July, 2013

Signed this 15 day of July, 2013

By Larry D Gilley City Manager
Signature Title

Print Larry D. Gilley

CITY OF ABILENE

Disadvantaged Business Enterprise (DBE) Program

Attachment G

TxDOT DBE Certification Application Form

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Section 1: CERTIFICATION INFORMATION

A. Prior/Other Certifications

Is your firm currently certified for any of the following programs? (If Yes, check appropriate box(es))	☐ DBE	Name of certifying agency:
		Has your firm's state UCP conducted an on-site visit? ☐Yes, on ___/___/___ ☐No
	☐ 8(a)	**STOP!** If you checked either the 8(a) or SDB box, you may not have to complete this application. Ask your state UCP about the streamlined application process under the SBA-DOT MOU.
	☐ SDB	

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?

☐Yes, on ___/___/___ ☐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 (*if have one*):			
(8) Street address of firm *(No P.O. Box)*:	City:	County/Parish:	State:	Zip:
(9) Mailing address of firm *(if different)*:	City:	County/Parish:	State:	Zip:

B. Business Profile

(1) Describe the primary activities of your firm:	(2) Federal Tax ID#:
(3) This firm was established on	(4) I/We have owned this firm since:
(5) Method of acquisition *(check all that apply)*: ☐ Started new business ☐ Bought existing business ☐ Inherited business ☐ Secured concession ☐ Merger or consolidation ☐ Other *(explain)*	
(6) Is your firm "for profit"? ☐ Yes ☐ 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?	☐ Yes	☐ No
	(b) consisted of a partnership in which one or more of the partners are other firms?	☐ Yes	☐ No
	(c) owned any percentage of any other firm?	☐ Yes	☐ No
	(d) had any subsidiaries?	☐ Yes	☐ 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 (5), identify the following for each *(attach extra sheets, if needed):*

	Name	Address	Type of Business
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):*

	Name	Relationship	Company	Type of Business	Own or Manage?
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 *(street and number):*	City:	State:	Zip:
(5) Gender: ☐ Male ☐ Female	(6) Ethnic group membership *(Check all that apply):*		
(7) U.S. Citizen: ☐ Yes ☐ No	☐ Black ☐ Hispanic ☐ Native American ☐ Asian Pacific		
(8) Lawfully Admitted Permanent Resident: ☐ Yes ☐ No	☐ Subcontinent Asian ☐ Other *(specify)*		

B. Ownership Interest

(1) Number of years as owner:	(2) Initial Investment to acquire ownership interest in firm:	Type	Dollar Value
(3) Percentage owned:		Cash	$
(4) Familial relationship to other owners:		Real Estate	$
		Equipment	$
		Other	$

(5) Shares of Stock: Number: Percentage: Class: Date Acquired: Method Acquired:

(6) Does this owner perform a management or supervisory function for any other business? ☐ Yes ☐ 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 *(e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?* ☐ Yes ☐ 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? *(Use and attach the Personal Net Worth calculator form at the end of this application; attach additional sheets if more than one owner is applying)*

(2) Has any trust been created for the benefit of this disadvantaged owner(s)? ☐ Yes ☐ No
If Yes, explain *(attach additional sheets if needed):*

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 *(responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)*	(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? ☐Yes ☐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.)*? ☐Yes ☐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 Equipment	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 Whom Transferred	To Whom Transferred	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.					

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for <u>each</u> 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 _____, swear or affirm under penalty of law that I am
(full name printed)

_____ of applicant firm _____ and that
(title) (firm name)

1 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 place(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):

- ☐ Women
- ☐ Black American
- ☐ Hispanic American
- ☐ Native American
- ☐ Asian - Pacific 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)

Date _____ State of _____ County of _____

Before me, a notary public, on this day personally appeared _____,
known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

(Seal)

_____ _____
Notary Public Commission Expiration

Texas Unified Certification Program
Supplemental Information Form

Proof of Group Membership:

In addition to the documents listed in the application checklist, please provide one of the following:

(Note - the item you provide should demonstrate proof of your membership in a disadvantaged group.)

Select One:

- ☐ Birth Certificate
- ☐ Passport
- ☐ Tribal Roll Card
- ☐ Tribal Voter Registration Certificate
- ☐ Naturalization Papers

Note - You may be requested to provide additional documentation if the information is insufficient to prove disadvantaged group membership.

PERSONAL NET WORTH STATEMENT

Complete a form for: (1) each socially disadvantaged proprietor, or (2) each socially disadvantaged limited and general partner whose combined interest total 51% or more, or (3) each socially disadvantaged stockholder owning 51% or more of voting stock. An individual's personal net worth includes only his or her share of the assets held jointly or as community property with the individual's spouse.

Name:	Date:
Residence Address:	Residence Phone:
City, State & Zip Code:	
Business Name:	Residence Phone:

PERSONAL FINANCIAL STATEMENT

As of ___/___/___ . In determining net worth, EXCLUDE individual ownership interest in the applicant business and personal residence. If married use only ½ of marital assets. Round all numbers to the nearest dollar.

ASSETS		LIABILITIES	
Cash on hand and in bank	$	Accounts Payable	$
Savings Accounts	$	Notes Payable to Banks and Others	$ (Complete Section 1)
IRA or Other Retirement Account	$	Installment Account (Auto)	$
Accounts and Notes Receivable	$	Installment Account (Other)	$
Life Insurance - Cash Surrender Value Only	$ (Complete Section 7)	Loan on Life Insurance	$
Stocks and Bonds	$ (Complete Section 2)	Mortgages on Real Estate [Except for personal residence]	$ (Complete Section 3)
Real Estate [Except for personal residence]	$ (Complete Section 3)	Unpaid Taxes	$ (Complete Section 5)
Automobile(s) – Present Value	$	Other Liabilities	$ (Complete Section 6)
Other Personal Property	$ (Complete Section 4)		
Other Assets	$ (Complete Section 4)	**Total Liabilities**	$
Total Assets	$	**Net Worth (Total Assets minus Total Liabilities)**	$

Other Source of Income:	Other Contingent Liabilities:
Salary/Commissions $	As Endorser or Co-worker $
Net Investment Income $	Legal Claims and/or Judgments $

Section 1. Notes payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Note Holders	Original Balance	Current Balance	Payment Amount	Frequency (weekly, monthly, etc.)	How Secured or Endorsed; Type of Collateral

Section 2. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.) NOTE: Must be within five (5) days of statement date.

Number of Shares	Original Balance	Cost	Market Value Quotation or Exchange	Date of Quotation or Exchange	Total Value

Section 3. Real Estate Owned. (**Do not include your personal residence**. List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 4. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe.)

Section 5. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 6. Other Liabilities (Describe in detail).

Section 7. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.)

Section 8. Transfer of Assets.

Have you, the individual claiming disadvantaged status, transferred any assets within two (2) years, in full or in part, to a spouse or any other person or entity, including a trust? ☐Yes ☐No

If yes, provide the following information as an attachment: the date of transfer, to whom the assets were transferred, amount paid for the assets, the market value of the assets at the time of transfer.

NOTE: Individuals may exclude assets transferred to an immediate family member that are consistent with the customary recognition of special occasions and may also exclude any transfers to an immediate family member for educational, medical, or essential support purposes.

Please provide copies of complete personal income tax returns, including all schedules, W-2s, and 1099 forms. *49 CFR Part 26 and federal law classify all information submitted with this form as confidential. This form or its information cannot be released to any person, governmental or commercial entity without the written permission of the person submitting the information.*

PERSONAL NET WORTH AFFIDAVIT

The undersigned swear/affirm that the foregoing information and statements are true and correct, including all material and information necessary to identify and explain the financial net worth of

_____
(Name of Individual)

Further, the undersigned agrees to permit the TUCP and/or U.S. Department of Transportation (DOT) as part of this certification process to interview owners, principals, officers, and employees; and to audit or examine books, records, and files of the above named individual.

If at any time the TUCP or DOT has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, your file may be referred to the General Counsel of DOT. The General Counsel may initiate debarment procedures in accordance with 41 CFR 1-1.604 and 12-1.062 and/or refer the matter to the Department of Justice under U.S.C. 1001, as the General Counsel deems appropriate.

NOTE: Under Title 18 U.S.C. Section 1001 and Title 15 U.S.C. Section 645, any person who misrepresents a firm's status as a small disadvantaged business concern; or makes false statements in order to influence the certification process in any way; or to obtain a government contract, shall be subject to fines of up to $500,000 and imprisonment of up to 10 years, or both.

The burden of proving the financial net worth is the individual's. The Agency reserves the right to request any additional information deemed necessary to determine if an individual is economically disadvantaged. Failure to provide requested information within the time specified is grounds for termination of the process.

_____ _____
Name Signature

_____ _____
Title Date

Date _____ State of _____ County of _____

On this day before me appeared (name) _____ with proper identification, who being duly sworn, did execute the foregoing affidavit and did aver that he or she was properly authorized to execute this affidavit and did so as his or her free act/deed.

(Seal)

_____ _____
Notary Public Commission Expiration

AFFIDAVIT OF MANAGERIAL TECHNICAL COMPETENCE

Name: _____

Special qualification in the work areas requested in DBE Application:

_____

Professional licenses held: _____

Union/professional association membership: _____

Education/Technical training: _____

School	Dates	# of hrs.	Degree	Field

_____

Position with applicant firm: _____

Title: _____ Salary: _____

Dates employed: From: _____ To: _____ Hours per week: _____

Duties and responsibilities:

_____

_____

Previous employment: (list most recent employment first, may continue on back of page)

Firm: _____

Type of business: _____ Location: _____

Dates employed: From: _____ To: _____ Hours per week: _____

Title: _____ Salary: _____

Number of persons supervised: _____ Type of employees: _____

Duties and responsibilities:

_____

_____

Knowledge, skills and abilities:

Hiring: _____

Contracting: _____

Purchasing: _____

Technical competence related to firm's operations:

_____

_____

Please identify the areas (Districts) of Texas in which your firm is ready, willing and able (based on employees and equiment) to work on TxDOT contracts. For some contracts requiring large staff and/or equipment, such as highway construction projects, keep in mind that you must either transport your equipment from your home office to the project site (or arrange for lease/rental of equipment and delivery to the project site) and secure lodging facilities for your employees.

> **For example:** If your office is in Beaumont, TX and you indicate that you can work in all 25 Districts, then be prepared to perform highway project work with your equipment and employees in Amarillo, El Paso, Laredo, Texarkana and all other TxDOT districts.

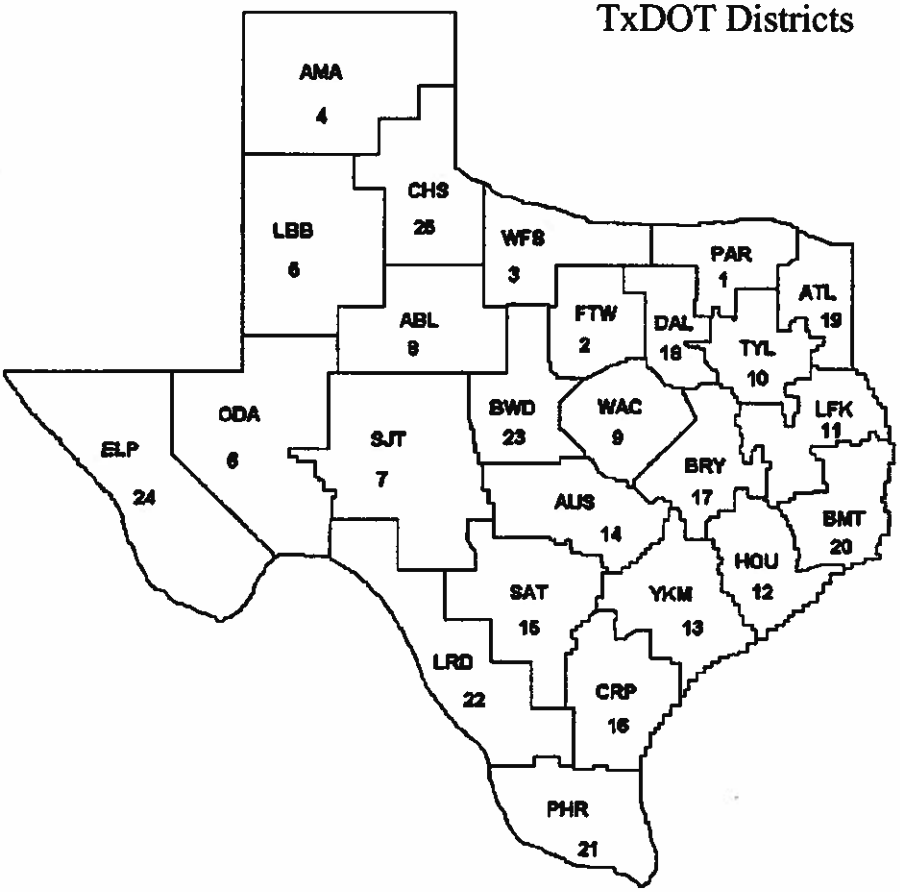
I am willing to work on TxDOT projects in the following Districts. (Select at least ONE, or up to TEN preferred work area(s), unless Statewide is preferred)

Preferred Work Area(s)

☐ **Statewide Work Area (ALL 25 Districts)**

☐ Abilene (8)	☐ Amarillo (4)	☐ Atlanta (19)	☐ Austin (14)	☐ Beaumont (20)
☐ Brownwood (23)	☐ Bryan (17)	☐ Childress (25)	☐ Corpus Christi (16)	☐ Dallas (18)
☐ El Paso (24)	☐ Fort Worth (2)	☐ Houston (12)	☐ Laredo (22)	☐ Lubbock (5)
☐ Lufkin (11)	☐ Odessa (6)	☐ Paris (1)	☐ Pharr (21)	☐ San Angelo (7)
☐ San Antonio (15)	☐ Tyler (10)	☐ Waco (9)	☐ Wichita Falls (3)	☐ Yoakum (13)

TxDOT Districts



ABL	Abilene
AMA	Amarillo
ATL	Atlanta
AUS	Austin
BMT	Beaumont
BWD	Brownwood
BRY	Bryan
CHS	Childress
CRP	Corpus Christi
DAL	Dallas
ELP	El Paso
FTW	Fort Worth
HOU	Houston
LRD	Laredo
LBB	Lubbock
LFK	Lufkin
ODA	Odessa
PAR	Paris
PHR	Pharr
SJT	San Angelo
SAT	San Antonio
TYL	Tyler
WAC	Waco
WFS	Wichita Falls
YKM	Yoakum

NATURE OF BUSINESS

Check the type of work that makes up 75 percent or more of the dollar volume of work done by your business. Should your firm's type not be listed below, indicate service provided and percent of dollar value.

- ☐ **Asphalt** - includes seal coats and surface treatments, limestone rock asphalt, cold-mix asphaltic concrete pavement, hot mix asphaltic concrete pavement, etc.
- ☐ **Concrete Paving and Incidentals** - includes jointed concrete pavement and continuously reinforced concrete pavement
- ☐ **Earthwork, Base and Subbase** - includes preparing ROW, clearing, removing old concrete, roadway and channel excavation, embankments, subbase courses, base courses, etc.
- ☐ **Fencing** - includes wire, chain link and metal beam guard fence, metal bridge railing, etc.
- ☐ **Hauling** - includes hauling of base material, gravel, sand, hot mix, etc.
- ☐ **Illumination** - includes placement of conduit and wire, poles, roadway and bridge lights, etc.
- ☐ **Landscaping** - includes roadside planting, erosion control, sodding, seeding, etc.
- ☐ **Major Structures** - includes structural excavation, drill shafts, piling, concrete for columns, bents, abutments, slabs, structural steel, rebar, etc.
- ☐ **Material Suppliers** - suppliers of construction materials kept in inventory for public sale (60% credit). Manufacturers and suppliers (100% credit).
- ☐ **Minor Structures and Miscellaneous Concrete** - includes CGM and RC pipe, inlets, manholes, sewers, box culverts, sidewalks, driveways, riprap, curb and gutter, concrete bridge railing, concrete median barrier, etc.
- ☐ **Painting** - includes painting of structural steel and concrete structures
- ☐ **Professional Services** - includes consulting engineers, architects, and surveyors
- ☐ **Rest Areas** - includes steel, masonry or wood fabrication and erection, electrical wiring, plumbing, etc.
- ☐ **Traffic Control Devices** - includes traffic signals, signs, barricades, pavement markers, buttons, edge lines, striping, etc.
- ☐ **Underground and Utility Work** - includes PVC pipe, underground conduit, utility telephone lines, etc.
- ☐ **Miscellaneous.** Please specify. _____
- ☐ **Banks owned and controlled by disadvantaged individuals.**
- ☐ **Aviation.** Please specify. _____
- ☐ **Public Transportation.** Please specify. _____

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.

All Applicants

- ☐ Work experience resumes (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 and SBA 8(a) or SDB 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.

Please click on the following URL link (you may have to copy and paste into your browser) to view the current list of Texas Unified Certification Program (TUCP) participating entities.

http://ftp.dot.state.tx.us/pub/txdot-info/bop/tucp/entities.pdf

CITY OF ABILENE

Disadvantaged Business Enterprise (DBE) Program

Attachment H

Sample Bidders Report

Kutchins & Groh
consulting associates for airports

ATTACHMENT H
City of Abilene Bidders List

Name	Contact	Address	Telephone	Age of Firm	Annual Gross Receipts	DBE Y or N	Specialty	Date Certified
ABC Dump Truck Service	Jane Doe	1234 Main Street Abilene, TX 79602	123-456-7890	5	$0	Yes	Trucking, Hauling, Demolition, Excavation, & Embankement	September, 2012
XYZ Trucking & Hauling, Inc.	John Doe	5678 1st Street Abilene, TX 79601	123-456-7890	7	$0	Yes	Trucking, Hauling, Earthwork, Mowing, & Drainage construction	January, 2013

CITY OF ABILENE

Disadvantaged Business Enterprise (DBE) Program

Attachment I

Bid Forms

Kuchins & Groh
consulting associates for airports

ATTACHMENT I – BID FORMS
SCHEDULE A

RESPONDENT'S OR PROPOSER'S DBE PARTICIPATION ASSURANCE FORM

Name of Project: _____
City Project No.: _____ State Project No.: _____

Name of Respondent or Proposer:_____
Address:_____
City:_____State:_____Zip:_____
Telephone:_____

Respondent or Proposer has contacted and is committed to utilizing the following TxDOT certified DBE firms:

Name & Address of DBE Firm(s) That Will Participate in the Contract	**Description of Work that Each DBE will Perform**	**Dollar Amount of the Participation of Each DBE** (N/A for Statement of Qualifications)	**DBE's Participation Percentage (%)**
		$	%
		$	%
		$	%
		$	%
TOTAL		$	%

The undersigned will enter into a formal written agreement with the DBE subcontractor/consultants/vendors identified herein for work and/or goods and services as shown in this schedule, conditioned upon the execution of a contract with the City of Abilene, TX. The undersigned agrees to be contractually bound to maintain the level of DBE participation set forth above. Failure to comply with this agreement constitutes breach of contract.

Name (Type or Print):_____Title:_____

Signature:_____

Phone No:_____Date:_____

ATTACHMENT I – BID FORMS

SCHEDULE B

DBE FIRM'S PARTICIPATION ASSURANCE FORM

(All DBEs, including Respondents or Proposers who are DBEs, that are planning to engage in work on this project must submit this form.)

Name of Project: _____

City Project No.: _____ State Project No.: _____

Name of Responding or Proposing Firm: _____

Name of DBE Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

I hereby declare and affirm that this firm is currently certified by the Texas Department of Transportation as a Disadvantaged Business Enterprise (DBE) as defined by 49 CFR Part 26, and that I will provide on request information to document this fact. (**CURRENT LETTER OF CERTIFICATION MUST BE ATTACHED AND SUBMITTED WITH THIS FORM**)

The undersigned is prepared to perform or provide the following work, services and/or goods in connection with the above referenced project:

_____

_____

_____

For a price of $_____ (Not applicable on Qualification Statement submittals)

This will be _____% of the Prime Contractor's or Consultant's contract with the City.

READ CAREFULLY: The undersigned (the DBE) will further subcontract or award _____% of the dollar value of this subcontract to **NON-DBE FIRMS**.

The undersigned agrees to enter into a contract with the Respondent or Proposer, if the Respondent or Proposer is awarded the contract. If the Respondent or Proposer does not receive award of the prime contract, any and all representations in this Assurance Form shall be null and void.

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

DBE Firm Representative (Type/Print): _____ Title: _____

Signature (DBE Firm): _____

Phone No.: _____ Date: _____

(Current letter of DBE Certification shall be attached to and submitted with this form.)

ATTACHMENT I – BID FORMS
SCHEDULE C
DBE UNAVAILABILITY CERTIFICATION

If the Respondent or Proposer cannot fully meet the DBE goal of this Contract, the Respondent or Proposer shall complete Schedule C and **attach documentation demonstrating the Respondent's or Proposer's good faith efforts**. See Appendix A to 49 CFR Part 26, Guidance Concerning Good Faith Efforts. It is up to the City of Abilene to make a fair and reasonable judgment whether a Respondent or Proposer that did not meet the contract goal made adequate good faith efforts.

I, _____, CERTIFY THAT ON THE DATE BELOW I INVITED THE FOLLOWING
(Name and Title)
PROPOSED DBE SUBCONTRACTOR(S) OR SUBCONSULTANT(S) TO RESPOND OR PROPOSE WORK ITEMS TO

BE PERFORMED ON: _____
(Project Name)

City Project No.: _____ State Project No.:_____

Date of Request	Name and Address of Subcontractor/Subconsultant	Work Items Sought

The following Subcontractors or Subconsultants did NOT respond to the invitations:

_____

_____

The following Subcontractors submitted Proposals which were NOT the Low Responsible Bid:

_____

_____

ATTACHMENT I – BID FORMS
CONTRACTOR'S OR CONSULTANT'S MONTHLY REPORT

PROJECT NAME:_____
CITY PROJECT NO._____STATE PROJECT NO._____
CONTRACTOR OR CONSULTANT_____
C0NTRACT AMOUNT $ _____
ESTIMATE NO._____ REPORT PERIOD FROM:_____ TO:_____

This report covers the previous estimate period and shall be submitted to the Project Engineer with the current month's pay estimate. Questions should be directed to the DBELO.

SUBCONTRACTOR(S) or SUBCONSULTANT(S)	ITEM NUMBER OR DESCRIPTION OF WORK PERFORMED	AMOUNT PAID THIS PERIOD	AMOUNT PAID TO DATE	DBE SIGNATURE

AUTHORIZED SIGNATURE _____DATE _____

TYPE OR PRINT NAME _____TITLE_____

PHONE NO._____

The City of Abilene DBELO has reviewed this form.

City of Abilene DBELO's Signature _____Date:_____

Not Required with Qualification Statement or Proposal Submittal

ATTACHMENT I – BID FORMS
REQUEST FOR REMOVAL AND/OR SUBSTITUTION OF A DBE SUBCONTRACTOR OR SUBCONSULTANT

Name of Project: _____

City Number: _____

State Project Number: _____

Contractor or Consultant: _____

Subcontractor or Subconsultant to be Removed: _____

Proposed Substitute Subcontractor or Subconsultant: _____

Scope of Work Under Sub agreement: _____

Value of Sub agreement: _____

Is substitution schedule/time sensitive? _____

If yes, indicate date by which resolution is required: _____

Reason(s) for Removal/Substitution (state in detail, use additional sheets if necessary, and attach supporting documentation).

_____

_____

_____

_____

_____

_____

_____ _____

Signature of Requestor | Printed Name

_____ _____

Title | Date of Request

CITY OF ABILENE

Disadvantaged Business Enterprise (DBE) Program

Attachment J

City of Abilene
Small Business Participation Plan (SBPP)

Kutchins & Groh
consulting associates for airports

ATTACHMENT J
SMALL BUSINESS PARTICIPATION PLAN

A. Purpose and Objective

This element is included as an attachment to the DBE Program for the City of Abilene, Texas (the City), and is herein referenced as the Small Business Participation Plan (SBPP). This attachment calls for the inclusion of an element to:

> "Structure contracting requirements to facilitate competition by Small Business Concerns (SBCs), taking all reasonable steps to eliminate obstacles to their participation."

The City of Abilene hereby sets forth its plan to implement these requirements. The SBPP is also regarded as a substantial effort toward fulfilling the overall intent of the regulations of each cognizant Federal agency from which it receives financial assistance, which is to meet the maximum feasible portion of its overall goal by using race-neutral means to obtain Small Business participation. Therefore, implementation of the City's SBPP will be based on the standard of business size, without regard to race or gender of the business owner.

This element also addresses the unnecessary and unjustified "bundling" of contract requirement which may preclude or inhibit small business participation in procurements, as either prime or subcontractors.

Further, the City of Abilene perceives the objectives of this section to be consistent with its DBE Program Policy Statement, which includes the following:

1. *"To ensure nondiscrimination in the award and administration of Federally–assisted contracts;*
2. *To create a level playing field on which DBEs can compete fairly for Federally-assisted contracts;*
3. *To ensure that the DBE Program is narrowly tailored in accordance with applicable law;*
4. *To ensure that only firms that fully meet the eligibility standards for each cognizant agency are permitted to participate as DBEs;*
5. *To help remove barriers to the participation of DBEs in Federally-assisted contracts; and*
6. *To assist the development of firms that can compete successfully in the market place outside the DBE Program."*

Our policy Statement and this Small Business Participation Plan are consistent with the City's long history of creating and encouraging business opportunities at all levels.

B. Small Business Participation Plan (SBPP) Strategy

The City of Abilene intends to carry out the objectives of this attachment by employing the following strategy and supporting activities:

1. Criteria to Set Small Business Race-Neutral Goal

The City will initially establish an overall goal for Small Business participation by calculating the relative availability of SBCs in its market area, expressed as a percentage. This figure will be calculated by dividing the total quantity of SBA-certified firms in the local market area by the total quantity of all firms. The quantity of SBA-certified firms will be derived from the Small Business Administration's Dynamic Small Business Search website, using relevant NAICS project codes. The market area used to establish the DBE goal will be used for the SBC goal. The quantity of all firms will be derived from the US Census Bureau's Censtats database, using the same NAICS project codes and market area. For the initial goal, the City will use this relative availability value as the actual goal.

Since there is no accomplishment data available at this time as the SBPP is a new program, it is not possible to make adjustments to the relative availability based on previous participation. In the future, when there is a record of accomplishment data available, the City will establish goals for Small Business participation by averaging the relative availability with the median accomplishment data derived from historical accomplishments of the SBPP.

For future goal setting, the first step will follow the process established above for determining the relative availability of SBCs in the market area. The second step will involve the adjustment of the base figure percentage (calculated in Step 1) to reflect, as accurately as possible, the SBC participation the City would expect in the absence of discrimination.

The City will continue to review its historical SBC participation achievement in order to ensure the goal's reasonableness. By averaging the median historical SBC participation rate with the relative availability calculated in Step 1, an adjusted SBC goal can be calculated.

The City will include this goal setting process with its triennial DBE Goal Methodology publication and will notify the public with the same process used for the DBE Goals. This will provide for a consistent method of seeking public input into these programs.

The City's overall SBC goal submission to each cognizant Federal agency will be included with its DBE Goal Methodology submission and include a summary of information and comments received during this public participation process, including any responses received. The City of Abilene will begin using the overall goal on October 1 of each year.

2. Establishment of a Race-Neutral "Subcontracting Goal"

The City proposes, where feasible, on certain prime contracts that do not have a DBE contract goal, that prime contractors will be required to provide subcontracting opportunities to qualified Small Business Concerns (SBCs), as defined herein, and without regards to race or gender of the business owner. Verified business size and subcontracting opportunities will be the basis of this subcontracting goal. The opportunities must be of a size that SBCs, including some which may also happen to be DBEs, can reasonably perform. The City will assess the feasibility for race-neutral subcontracting goals on projects. The City will assist the potential prime contractors by reviewing the project(s), in advance of the solicitation and by suggesting potential subcontracting opportunities in the solicitation documents. This will help to establish a reasonable race-neutral Subcontracting Goal.

3. Consideration of "Unbundling" of Large Contracts

When and if feasible, the City may "unbundle", or bid separately, large projects into smaller projects to assist Small Business participation. The City will review contracts with each Federal agency from which it receives financial assistance to determine if portions of a project can be unbundled. This will be based upon the availability of Small Business Concerns to provide specific work for the project. Administrative costs associated with unbundling the project will also be considered. The City will assist prime contractors in identifying portions of the work which may be unbundled and performed by a Small Business Concern.

4. Use of Set-Asides

The Federally-assisted projects for the City of Abilene have historically been large enough to accommodate Small Business participation. Therefore, the City will not use set asides to facilitate Small Business participation.

5. Mega Projects

Projects that involve multiple year design-build or other large contracts can be considered as "mega" projects. Prime contract bidders will specify elements of the contract or subcontract that are of a size that Small Businesses, including DBEs, can reasonably be expected to perform.

6. Good Faith Implementation

There will be no geographic or local preferences or limitations imposed on Federally-assisted contracts and this program will be open to Small Business Concerns regardless of location. There will be no limits on the number of contracts awarded to a firm participating in the program. Reasonable effort will be made to avoid creating barriers for new or untried businesses.

C. Definitions

1. Small Business

For purposes of this program element, which is part of our approved DBE program, "Small Business" shall have the same definition as "Small Business Concerns" contained in 49 CFR 26.5:

> *"Small Business Concern means, with respect to firms seeking to participate as DBEs in Federally-assisted contracts, a Small Business Concerns as defined pursuant to section 3 of the Small Business Act and Small Business Administration regulations implementing it (13 CFR Part 121) that also does not exceed the cap on average annual gross receipts specified in 26.65(b)."*

For additional clarification it is useful to include some excerpts from the SBA regulations, 13 CFR, 121.105:

> *(a)(1) Except for small agricultural cooperatives, a business concern eligible for assistance from SBA as a small business is a business entity organized for profit, with a place of business located in the United States, and which operates primarily operates within the United States or which makes a significant contribution to the U.S. economy through payment of taxes or use of American products, materials or labor" and,*
>
> *(b) A business concern may be in the legal form of an individual proprietorship, partnership, limited liability company, corporation, joint venture, association, trust or cooperative, except that where the form is a joint venture there can be no more that 49 percent participation by foreign entities in the joint venture.*

Further, it is acknowledged that the SBA rules make allowances for the dollar amounts to be adjusted from time to time.

It is understood that in the implementation of this element, all of the "Small Business Concerns" may not necessarily be DBE firms. However, Small Businesses which are

also owned and controlled by individuals who meet the DBE standard will be encouraged to seek DBE certification.

D. Verification Standards and Procedures

For purposes of this Small Business element, the City of Abilene will require the following verification and/or certification:

> The City will rely on the verification process of the Small Business Administration (SBA). Small Business Concerns must be certified by the SBA at time of response to a solicitation or a bid submittal, as evidence of the Small Business status, and must submit evidence of SBA 8(a) Certification. Information regarding the process to become SBA certified can be found at the following website:
>
> http://www.sba.gov/content/small-business-certification-0

E. Monitoring and Enforcement

Only SBA-certified firms who participate as Small Business Concerns, pursuant to this program, will be counted towards SBC race-neutral participation of Federally-assisted contracts. In order to verify that the work committed to SBC participation is actually performed by SBCs, the City will:

1. Require that all contractors provide documentation that any work that is performed in order to meet the SBPP goal is, in fact, performed by SBA-certified businesses;

2. Confirm that such entities are SBA-certified by checking the SBA's Dynamic Small Business Search website;

3. Require all prime contractors to submit progress records of payments made to sub-contractor's that are SBCs, including change orders and new scope of work, on a monthly basis. These records will be verified by obtaining certified statements from SBC subcontractors. The City will maintain a running tally of actual payments made to SBC firms (attainments) and compare these attainments to the commitments made to the SBCs by the prime contractor.

4. Bring to the attention of the Federal agency from which it receives financial assistance any false, fraudulent, or dishonest conduct in connection with the program, so that that agency can take the steps (e.g., referral to the Department of Justice for criminal prosecution, or action under suspension and debarment of Program Fraud and Civil Penalties rules).

F. Supportive Services

Although not a direct provider of supportive services, the City of Abilene is aware of several important resources for Small Business Concerns in the general market area. The City will make referrals to these services and provide links to them on the City's web site. Some of these services include those provided through the Texas District office of the SBA, such as information on small business loans, grants and bonds and other financial assistance. There is also a local Small Business Development Center located in Abilene at:

Small Business Development Center
Texas Tech at Abilene
500 Chestnut Street, Suite #601
Abilene, TX 79602
(325) 670-0300 - phone
Web Site: http://www.ttusbdc.org/abilene/

Small Businesses seeking opportunities at the City of Abilene will be referred to this center.

G. Implementation Plan and Time-Table –City of Abilene, Texas Small Business Participation Plan (SBPP)

The City of Abilene proposes to have its SBPP fully implemented within 180 days of the adoption of the final plan. The City will utilize the timeframe to properly set up the program in order to maximize the potential for ultimate success. These set-up activities will include:

1. Review all upcoming projects to determine which, if any, will be conducive for application of the SBPP strategy described in Section B, above, i.e., the use of a race-neutral subcontracting goal.

2. Review compliance and necessary revisions and modifications to bid solicitation language etc., prior to implementation.

3. Coordinate with other entities currently providing relevant supportive services and/or business development for referrals to their programs, appropriate for the Small Business Concerns which may contact the City to increase their competitive opportunities.

4. The City, during the pre-implementation period, may also seek consultation with the representative Small Business community.

H. Assurances

The City agrees to the following assurances:

1. Assurance that the program is authorized under state law;
2. Assurance that certified SBCs that meet the size criteria established under the program are presumptively eligible to participate in the Small Business Participation Program;
3. Assurance that there are no geographic preferences or limitations imposed on any federally assisted procurement included in the program;
4. Assurance that there are no limits on the number of contracts awarded to firms participating in the program but that every effort will be made to avoid creating barriers to the use of new, emerging, or untried businesses;
5. Assurance that aggressive steps will be taken to encourage those minority and women owned firms that are eligible for SBC certification to become certified; and
6. Assurance that the program is open to Small Businesses regardless of their location (i.e., that there is no local or other geographic preference).

I. Principal Responsible Person

The principle responsible person for overseeing and implementing the City's SBPP will be the currently designated Disadvantaged Business Enterprise Liaison Officer (DBELO).