

Exhibit A
DBE Plan Submission
Solicitation Number _____

PROPOSER	Name: _____	
Total Proposed Budget	Value:\$ _____	
DBE Plan	Yes _____ No _____	
Check if Prime Contractor is a DBE _____. Certification Form Must Be Attached to this form.	Certification # _____	Expiration Date: _____
DBE Certification	State: _____	Certification Type: DBE (must be DBE) No other are accepted
	Certifying Agency: _____	
DBE SUBCONTRACTOR 1		
	Name: _____	
Street Address		Tax ID #: _____
City, State, Zip		Website: _____
POINT OF CONTACT	Name: _____	Title: _____
	Email: _____	Telephone: _____
Subcontract Value	Cost \$ _____	Percentage of total _____%
DBE Category (Check Applicable) Male _____ Female _____	Black American ____ Hispanic American ____ Native American ____	Asian-Pacific American ____ Non-Minority ____ Subcontinent Asian American ____
DBE Certification	State: _____	Certification Type: DBE (must be DBE) No other are accepted
	Certifying Agency: _____	
Certification Form Must Be Attached to this form	Certification # _____	Expiration Date: _____
<i>Copy for additional DBE subcontractors</i>		
DBE SUBCONTRACTOR 2		
	Name: _____	
Street Address		Tax ID #: _____
City, State, Zip		Website: _____
POINT OF CONTACT	Name: _____	Title: _____
	Email: _____	Telephone: _____
Subcontract Value	Cost \$ _____	Percentage of total _____%
DBE Category (Check Applicable) Male _____ Female _____	Black American ____ Hispanic American ____ Native American ____	Asian-Pacific American ____ Non-Minority ____ Subcontinent Asian American ____
DBE Certification	State: _____	Certification Type: DBE (must be DBE) No other are accepted

	Certifying Agency: _____	
Certification Form Must Be Attached to this form	Certification # _____	Expiration Date: _____
<i>Copy for additional DBE subcontractors</i>		
DBE SUBCONTRACTOR 3	Name: _____	
Street Address		Tax ID #: _____
City, State, Zip		Website: _____
POINT OF CONTACT	Name: _____	Title: _____
	Email: _____	Telephone: _____
Subcontract Value	Cost \$ _____	Percentage of total _____%
DBE Category (Check Applicable) Male _____ Female _____	Black American ___ Hispanic American ___ Native American _____	Asian-Pacific American ___ Non-Minority ___ Subcontinent Asian American _____
DBE Certification	State: _____	Certification Type: DBE (must be DBE) No other are accepted
	Certifying Agency: _____	
Certification Form Must Be Attached to this form	Certification # _____	Expiration Date: _____
<i>Copy for additional DBE subcontractors</i>		
DBE SUBCONTRACTOR 4	Name: _____	
Street Address		Tax ID #: _____
City, State, Zip		Website: _____
POINT OF CONTACT	Name: _____	Title: _____
	Email: _____	Telephone: _____
Subcontract Value	Cost \$ _____	Percentage of total _____%
DBE Category (Check Applicable) Male _____ Female _____	Black American ___ Hispanic American ___ Native American _____	Asian-Pacific American ___ Non-Minority ___ Subcontinent Asian American _____
DBE Certification	State: _____	Certification Type: DBE (must be DBE) No other are accepted
	Certifying Agency: _____	
Certification Form Must Be Attached to this form	Certification # _____	Expiration Date: _____
<i>Copy for additional DBE subcontractors</i>		