

**Exhibit A**  
**DBE Plan Goals Submission**

<b>PROPOSER</b>	Name: _____	
<b>Total Proposed Budget</b>	Value:\$ _____	
<b>DBE Plan</b>	Yes _____ No _____	
Check if Prime Contractor is a DBE _____. Certification Form Must Be Attached to this form.	Certification # _____	Expiration Date: _____
<b>DBE Certification</b>	State: _____	Certification Type: DBE (must be DBE) No other are accepted
	Certifying Agency: _____	
<b>DBE SUBCONTRACTOR 1</b>		
	Name: _____	
<b>Street Address</b>		Tax ID #: _____
<b>City, State, Zip</b>		Website: _____
<b>POINT OF CONTACT</b>	Name: _____	Title: _____
	Email: _____	Telephone: _____
<b>Subcontract Value</b>	Cost \$ _____	Percentage of total _____%
<b>DBE Performance Period</b>	Start Date: _____	End Date: _____
<b>DBE Certification</b>	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>		
<b>DBE SUBCONTRACTOR 2</b>		
	Name: _____	
<b>Street Address</b>		Tax ID #: _____
<b>City, State, Zip</b>		Website: _____
<b>POINT OF CONTACT</b>	Name: _____	Title: _____
	Email: _____	Telephone: _____
<b>Subcontract Value</b>	Cost \$ _____	Percentage of total _____%
<b>DBE Performance Period</b>	Start Date: _____	End Date: _____
<b>DBE Certification</b>	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>		
<b>DBE SUBCONTRACTOR 3</b>	Name: _____	
Street Address		Tax ID #: _____
City, State, Zip		Website: _____
<b>POINT OF CONTACT</b>	Name: _____	Title: _____
	Email: _____	Telephone: _____
<b>Subcontract Value</b>	Cost \$ _____	Percentage of total _____%
<b>DBE Performance Period</b>	Start Date: _____	End Date: _____
<b>DBE Certification</b>	State: _____	<b>Certification Type: DBE (must be DBE) No other are accepted</b>
	Certifying Agency: _____	
Certification Form Must Be Attached to this form	Certification # _____	Expiration Date: _____
<i>Copy for additional DBE subcontractors</i>		
<b>DBE SUBCONTRACTOR 4</b>	Name: _____	
Street Address		Tax ID #: _____
City, State, Zip		Website: _____
<b>POINT OF CONTACT</b>	Name: _____	Title: _____
	Email: _____	Telephone: _____
<b>Subcontract Value</b>	Cost \$ _____	Percentage of total _____%
<b>DBE Performance Period</b>	Start Date: _____	End Date: _____
<b>DBE Certification</b>	State: _____	<b>Certification Type: DBE (must be DBE) No other are accepted</b>
	Certifying Agency: _____	
Certification Form Must Be Attached to this form	Certification # _____	Expiration Date: _____
<i>Copy for additional DBE subcontractors</i>		