

**Exhibit A**  
**DBE Plan Goals Submission**  
**Solicitation Number \_\_\_\_\_**

<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 Category (Check Applicable)</b> Male _____ Female _____	Black American ___ Hispanic American ___ Native American _____	Asian-Pacific American ___ Non-Minority ___ Subcontinent Asian American _____
<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 Category (Check Applicable)</b> Male _____ Female _____	Black American ___ Hispanic American ___ Native American _____	Asian-Pacific American ___ Non-Minority ___ Subcontinent Asian American _____
<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: _____
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>		
<b>DBE SUBCONTRACTOR 4</b>	Name: _____	
Street Address		Tax ID #: _____
City, State, Zip		Website: _____
<b>POINT OF CONTACT</b>	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>		