



**ADDENDUM 1**

**DBE FORM IS ATTACHED ON NEXT PAGE**

**RFP 21-004 CLEAN AIR PARTNERS STRATEGIC MARKETING, MEDIA, AND FUNDRAISING  
ADDENDUM 1**

**Attachment E  
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)
	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 ___/___/___	End ___/___/___
<b>DBE Certification</b>	State: _____	Certification Type: DBE (must be DBE)
	Certifying Agency: _____	
Certification Form Must Be Attached to this form	Certification # _____	Expiration Date: _____

*Copy for additional DBE subcontractors*

<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 ___/___/___	End ___/___/___

**RFP 21-004 CLEAN AIR PARTNERS STRATEGIC MARKETING, MEDIA, AND FUNDRAISING  
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DBE Certification	State: _____	Certification Type: DBE (must be DBE)
	Certifying Agency: _____	
Certification Form Must Be Attached to this form	Certification # _____	Expiration Date: _____

*Copy for additional DBE subcontractors*

<b>DBE SUBCONTRACTOR 3</b>		
Name: _____		
Street Address		Tax ID #: _____
City, State, Zip		Website: _____
POINT OF CONTACT	Name: _____	Title: _____
	Email: _____	Telephone: _____
Subcontract Value	Cost \$ _____	Percentage of total _____%
DBE Performance Period	Start ___/___/___	End ___/___/___
DBE Certification	State: _____	Certification Type: DBE (must be DBE)
	Certifying Agency: _____	
Certification Form Must Be Attached to this form	Certification # _____	Expiration Date: _____

*Copy for additional DBE subcontractors*

<b>DBE SUBCONTRACTOR 4</b>		
Name: _____		
Street Address		Tax ID #: _____
City, State, Zip		Website: _____
POINT OF CONTACT	Name: _____	Title: _____
	Email: _____	Telephone: _____
Subcontract Value	Cost \$ _____	Percentage of total _____%
DBE Performance Period	Start ___/___/___	End ___/___/___
DBE Certification	State: _____	Certification Type: DBE (must be DBE)
	Certifying Agency: _____	
Certification Form Must Be Attached to this form	Certification # _____	Expiration Date: _____

*Copy for additional DBE subcontractors*