

Contract Bid Amount \_\_\_\_\_  
MBE Goal 0 %  
WBE Goal 0 %

**MINORITY AND WOMEN'S BUSINESS ENTERPRISES PARTICIPATION PLAN**

A Respondent is expected to submit in each response a Minority and Women's Business Enterprises Participation Plan in accordance with IC 4-13-16.5 and 25 IAC 5. The Plan must show that there are, participating in the proposed contract, Minority Business Enterprises (MBE) and Women Business Enterprises (WBE) listed in the Minority and Women's Business Enterprises Division (MWBD) directory of certified firms. Respondents must indicate the name of the MBE and WBE with which it will work, the contact name and phone number at the firm(s), the service supplied by the firm(s), the specific dollar amount from this contract that will be directed toward each firm, and the approximate date these products and/or services will be utilized. If participation is met through use of vendors who supply products and/or services, the Respondent must also indicate the vendor's tax ID number as well as provide a description of products and/or services provided to the Respondent that are directly related to this proposal and the cost of direct supplies for this proposal. All prime contractors, including MBE and WBE prime contractors, must meet the contract goals through use of subcontractors. MBE and WBE prime contractors will get no credit toward the contract goal for the use of its own workforce. The State does not accept national plans.

Failure to meet these requirements will affect the evaluation of your Proposal. The Department reserves the right to verify all information included in the Plan.

Respondents are encouraged to contact and work with MWBD to design a plan to meet established goals. MWBD's website address is [www.IN.gov/idoa/minority/](http://www.IN.gov/idoa/minority/) and contains a complete list of all the Department's certified MBE's and WBE's.

**Minority & Women's Business Enterprises Participation  
Letter of Commitment**

A signed letter(s), on company letterhead, from the MBE and/or WBE must accompany the Plan. This letter(s) shall state and will serve as acknowledgement from the MBE and/or WBE of its amount of participation, the scope of products and/or services, and approximate date these products and/or services will be utilized.

By submission of the Proposal, the Respondent acknowledges and agrees to be bound by the regulatory processes involving the State's M/WBE Program. Questions involving the regulations governing the Plan should be directed to MWBD's Compliance Unit at 317/232-3061

**MBE/WBE PARTICIPATION PLAN**

Contract Number \_\_\_\_\_ BID DATE \_\_\_\_\_

RESPONDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

The following MBE and/or WBE's listed in the MWBD directory will be participating in the contract:

<u>MBE/WBE</u>	<u>P HONE</u>	<u>COMPANY NAME</u>	<u>SCOPE OF PRODUCTS AND/OR SERVICES</u>	<u>UTILIZATION DATE</u>	<u>AMOUNT</u>

\*If additional room is necessary, indicate here \_\_\_\_\_. Please attach a separate page.

**THIS DOCUMENT MUST BE INCLUDED IN YOUR RESPONSE**

**Indiana Department of Transportation  
GOOD FAITH EFFORTS WORKSHEET**

BIDDER \_\_\_\_\_ CONTRACT NUMBER \_\_\_\_\_

CONTRACT GOALS      0   % MBE              0   % WBE

List the M/WBEs contacted and complete the following information for each. Copies of all communications to and from each vendor should be maintained.

Company Name and Address	MBE	WBE	Type of Contact	Date of Contact	Date Response Due	Goods Or Services Requested	Result (Include Price Quote)

Indicate **Good Faith Efforts** made to utilize MWBEs. Check and explain all that apply or should be considered. Please provide evidence of the efforts that you want to be considered. A complete description of each criterion may be found in the **Indiana Department of Administration Public Works and State Office Building Commission MWBE Participation Policy** at the following website. [www.in.gov/idoa/mwbe/docs/ConstructionPolicy](http://www.in.gov/idoa/mwbe/docs/ConstructionPolicy)

<b>MBE and WBE Barrier Assistance</b>	Describe
<b>Advertisement</b>	Describe
<b>Agency Assistance</b>	Describe
<b>Other Criteria</b>	Describe

Contract Number R-27724-A  
Contract Bid Amount \$100,029.00  
DBE Goal 0%

### DBE AFFIRMATIVE ACTION CERTIFICATION

I do hereby certify that it is the intention of my company to affirmatively seek out and consider certified DBEs to participate in this contract as subcontractors, lessors, or suppliers of materials or services.

I understand and agree that all subcontracting or leasing in connection with this contract, whether undertaken prior to or subsequent to award of contract, will be in accordance with the requirements for the Disadvantaged Business Enterprise (DBE) Program. The applicable requirements are included in the Standard Specifications and the Special Provisions in the Contract Information Book for this contract. I understand and agree that no subcontracting will be approved or commenced until the Department has reviewed and approved the affirmative actions taken by my company or me.

I understand that utilization of certified DBEs is in addition to all other equal employment opportunity requirements of this contract.

I acknowledge that this certification is to be made an integral part of this contract.

I understand and agree that the submission of a blank certification shall cause my bid to be rejected.

I hereby certify that **contact has been made** with the firms listed in this certification, and that **I have confirmed that these firms are certified by the State of Indiana as DBEs** (For listing of DBE certified firms, see [www.in.gov/dot/div/legal/DBE/dbe\\_list.xls](http://www.in.gov/dot/div/legal/DBE/dbe_list.xls).)

If my company becomes the Contractor, the certified DBEs listed below have tentatively agreed to perform the corresponding services as part of this contract's DBE goal ("race/gender conscious" DBE participation). If a portion of a line item is used to satisfy the goal, the full dollar amount of the item will be considered as race conscious.

I have also listed the certified DBEs that have tentatively agreed to perform the corresponding services listed below beyond what is necessary to meet the contract's DBE goal ("race/gender neutral DBE participation). **I understand that neither my company nor I will be penalized for failure to achieve the dollar amounts listed beyond the contract goal.**

After contract award, any change to the firms listed in this Affirmative Action Certification must have prior approval by INDOT's Economic Opportunity Section, Central Office.

### DBE SUBCONTRACTORS AND LESSORS TO BE APPLIED TOWARD GOAL

Certified DBE Name & Address    Pay Item Number and Service Planned    Actual Dollar Amount to be paid to DBE

### DBE MATERIAL SUPPLIERS TO BE APPLIED TOWARD GOAL

Certified DBE Supplier Name & Address    Item(s)    Multiplier 60% or 100% from 103.01(c)    DBE Dollar Amount Allowable

**DBE SUBCONTRACTORS, LESSORS AND MATERIAL SUPPLIERS TO BE USED BEYOND GOAL**

**Certified DBE Name & Address    Pay Item Number and Service Planned    Actual Dollar Amount to be paid to DBE**

**Total Dollar Amount Credited toward DBE Goal (Race/Gender Conscious): \_\_\_\_\_**

**Total Dollar Amount of Voluntary DBE Work Anticipated over DBE Goal (Race/Gender Neutral): \_\_\_\_\_**

**Name of Company:**

C.A. Fulkerson, LLC.

**By:** Carol A. Fulkerson, President    **Date:** 2-6-2007

Carol A. Fulkerson, President

**Individual's Name and Title    (printed or typed)**

(revised 9-19-06)

Contract Number R-28746-A

Contract Bid Amount \$4,820,580.28

DBE Goal 6%

### **DBE AFFIRMATIVE ACTION CERTIFICATION**

I do hereby certify that it is the intention of my company to affirmatively seek out and consider certified DBEs to participate in this contract as subcontractors, lessors, or suppliers of materials or services.

I understand and agree that all subcontracting or leasing in connection with this contract, whether undertaken prior to or subsequent to award of contract, will be in accordance with the requirements for the Disadvantaged Business Enterprise (DBE) Program. The applicable requirements are included in the Standard Specifications and the Special Provisions in the Contract Information Book for this contract. I understand and agree that no subcontracting will be approved or commenced until the Department has reviewed and approved the affirmative actions taken by my company or me.

I understand that utilization of certified DBEs is in addition to all other equal employment opportunity requirements of this contract.

I acknowledge that this certification is to be made an integral part of this contract.

I understand and agree that the submission of a blank certification shall cause my bid to be rejected.

I hereby certify that **contact has been made** with the firms listed in this certification, and that **I have confirmed that these firms are certified by the State of Indiana as DBEs** (For listing of DBE certified firms, see [www.in.gov/dot/div/legal/DBE/dbe\\_list.xls](http://www.in.gov/dot/div/legal/DBE/dbe_list.xls).)

If my company becomes the Contractor, the certified DBEs listed below have tentatively agreed to perform the corresponding services as part of this contract's DBE goal ("race/gender conscious" DBE participation). If a portion of a line item is used to satisfy the goal, the full dollar amount of the item will be considered as race conscious.

I have also listed the certified DBEs that have tentatively agreed to perform the corresponding services listed below beyond what is necessary to meet the contract's DBE goal ("race/gender neutral DBE participation). **I understand that neither my company nor I will be penalized for failure to achieve the dollar amounts listed beyond the contract goal.**

After contract award, any change to the firms listed in this Affirmative Action Certification must have prior approval by INDOT's Economic Opportunity Section, Central Office.

#### **DBE SUBCONTRACTORS AND LESSORS TO BE APPLIED TOWARD GOAL**

<b><u>Certified DBE Name &amp; Address</u></b>	<b><u>Pay Item Number and Service Planned</u></b>	<b><u>Actual Dollar Amount to be paid to DBE</u></b>
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Please see attached sheet(s)

#### **DBE MATERIAL SUPPLIERS TO BE APPLIED TOWARD GOAL**

<b><u>Certified DBE Supplier Name &amp; Address</u></b>	<b><u>Item(s)</u></b>	<b><u>Multiplier 60% or 100% from 103.01 (c)</u></b>	<b><u>DBE Dollar Amount Allowable</u></b>
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Please see attached sheet(s)

**DBE SUBCONTRACTORS, LESSORS AND MATERIAL SUPPLIERS TO BE USED BEYOND GOAL**

**Certified DBE Name & Address**

**Pay Item Number and Service Planned**

**Actual Dollar Amount to be paid to DBE**

Please see attached sheet(s)

Total Dollar Amount Credited toward DBE Goal (Race/Gender Conscious): \$295,000.00

Total Dollar Amount of Voluntary DBE Work Anticipated over DBE Goal (Race/Gender Neutral): \$0.00

Name of Company: Milestone Contractors, L.P. by Contractors United, Inc. – General Partner

By: Mark Thompson

Date: February 7, 2007

Mark Thompson, Vice President

Individual's Name and Title

(printed or typed)

(revised 9-19-06)

<b>Contract Number</b>	<u>R-28746-A</u>
<b>Contract Bid Amount</b>	<u>\$4,820,580.28</u>
<b>DBE Goal</b>	<u>6%</u>

**DBE AFFIRMATIVE ACTION CERTIFICATION (Continued)**

DBE SUBCONTRACTORS AND LESSORS TO BE APPLIED TOWARD THE GOAL

	<u>Certified DBE Name &amp; Address</u>	<u>Pay Item Number &amp; Service Planned</u>	<u>Actual Dollar Amount to Be Paid to DBE</u>
1	Columbus Transport, Inc. 5055 Long Road., Suite A Columbus, IN 47202	(10, 22 - 28 - all partials) misc. and asphalt hauling	\$135,000.00
2	Harmon Construction, Inc. 621 South State Street North Vernon, IN 47254	(43 & 44) PCCP for approaches	\$160,000.00
3			
4			
5			
6			
7			

DBE MATERIAL SUPPLIERS TO BE APPLIED TOWARD GOAL

	<u>Certified DBE Supplier Name &amp; Address</u>	<u>Items</u>	<u>Multiplier 60% or 100% from 103.01 (c)</u>	<u>DBE Dollar Amount Allowable</u>
1				
2				

DBE SUBCONTRACTORS, LESSORS AND MATERIAL SUPPLIERS TO BE USED BEYOND GOAL

	<u>Certified DBE Name &amp; Address</u>	<u>Pay Item Number &amp; Service Planned</u>	<u>Actual Dollar Amount to Be Paid to DBE</u>
1			
2			
3			

Total Dollar Amount Credited toward DBE Goal (Race/Gender Conscious) \$ 295,000.00

Total Dollar Amount of Voluntary DBE Work Anticipated over DBE Goal (Race/Gender Neutral) \$ 0.00

Contract Number R-28744-A

Contract Bid Amount \$772,534.10

DBE Goal 6% 40% CW

### DBE AFFIRMATIVE ACTION CERTIFICATION

I do hereby certify that it is the intention of my company to affirmatively seek out and consider certified DBEs to participate in this contract as subcontractors, lessors, or suppliers of materials or services.

I understand and agree that all subcontracting or leasing in connection with this contract, whether undertaken prior to or subsequent to award of contract, will be in accordance with the requirements for the Disadvantaged Business Enterprise (DBE) Program. The applicable requirements are included in the Standard Specifications and the Special Provisions in the Contract Information Book for this contract. I understand and agree that no subcontracting will be approved or commenced until the Department has reviewed and approved the affirmative actions taken by my company or me.

I understand that utilization of certified DBEs is in addition to all other equal employment opportunity requirements of this contract.

I acknowledge that this certification is to be made an integral part of this contract.

I understand and agree that the submission of a blank certification shall cause my bid to be rejected.

I hereby certify that **contact has been made** with the firms listed in this certification, and that **I have confirmed that these firms are certified by the State of Indiana as DBEs** (For listing of DBE certified firms, see [www.in.gov/dot/div/legal/DBE/dbe\\_list.xls](http://www.in.gov/dot/div/legal/DBE/dbe_list.xls).)

If my company becomes the Contractor, the certified DBEs listed below have tentatively agreed to perform the corresponding services as part of this contract's DBE goal ("race/gender conscious" DBE participation). If a portion of a line item is used to satisfy the goal, the full dollar amount of the item will be considered as race conscious.

I have also listed the certified DBEs that have tentatively agreed to perform the corresponding services listed below beyond what is necessary to meet the contract's DBE goal ("race/gender neutral DBE participation). **I understand that neither my company nor I will be penalized for failure to achieve the dollar amounts listed beyond the contract goal.**

After contract award, any change to the firms listed in this Affirmative Action Certification must have prior approval by INDOT's Economic Opportunity Section, Central Office.

#### DBE SUBCONTRACTORS AND LESSORS TO BE APPLIED TOWARD GOAL

Certified DBE Name & Address    Pay Item Number and Service Planned    Actual Dollar Amount to be paid to DBE

SEE ATTACHED

#### DBE MATERIAL SUPPLIERS TO BE APPLIED TOWARD GOAL

Certified DBE Supplier Name & Address    Item(s)    Multiplier 60% or 100% from 103.01(c)    DBE Dollar Amount Allowable



**DBE SUBCONTRACTORS, LESSORS AND MATERIAL SUPPLIERS TO BE USED BEYOND GOAL**

**Certified DBE Name & Address    Pay Item Number and Service Planned    Actual Dollar Amount to be paid to DBE**

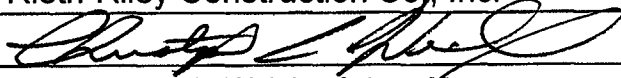
**Total Dollar Amount Credited toward DBE Goal (Race/Gender Conscious):** \$32,040.66

**Total Dollar Amount of Voluntary DBE Work Anticipated over DBE Goal (Race/Gender Neutral):** -0-

**Name of Company:**

Rieth-Riley Construction Co., Inc.

**By:**



**Date:** February 7, 2007

Christopher L. Weinkauf, Area Manager

**Individual's Name and Title    (printed or typed)**

(revised 9-19-06)

**Contract No.: R-28744-A**

**Bid Letting Date: February 7, 2007**

**Contract Amount: \$772,534.10**

<b>Rieth-Riley Construction Co., Inc. AFFIRMATIVE ACTION CERTIFICATION ATTACHMENT</b>					
<b>SUBCONTRACTORS AND LESSORS</b>					
<b>Certified DBE Name &amp; Address</b>	<b>Pay Item Number(s)</b>	<b>Service Planned</b>	<b>Race / Gender Neutral or Conscious (RN) (RC)</b>		<b>Actual Dollar Amount to be Paid to DBE</b>
1 V&R Trucking, Inc. 1845 N. Eimer Street South Bend, In.	10, 22 thru 25, 110 all items	Trucking		x	\$9,000.00
2 State Barricading 24963 US 20 South Bend, IN. 46628	60 thru 65 all partial	Traffic Control		x	\$10,447.00
3 Slusser's Green Thumb, Inc. P.O. BOX 33 Logansport, IN 46947-0033	items 38, 39, 41 thru 47, 112	Landscaping		x	\$12,593.66
4					
5					
6					
7					
8					
<b>MATERIAL SUPPLIERS</b>					
<b>Certified DBE Supplier Name &amp; Address</b>	<b>Items</b>	<b>Multiplier 60% or 100% from 103.01</b>	<b>Race / Gender Neutral or Conscious (RN) (RC)</b>		<b>DBE Dollar Amount Allowable</b>
1					
2					
3					
4					
5					
6					
7					
8					
<b>TOTAL DBE DOLLARS</b>					<b>\$32,040.66</b>

Contract Bid Amount	_____
MBE Goal	<u>0</u> %
WBE Goal	<u>0</u> %

**MINORITY AND WOMEN'S BUSINESS ENTERPRISES PARTICIPATION PLAN**

A Respondent is expected to submit in each response a Minority and Women's Business Enterprises Participation Plan in accordance with IC 4-13-16.5 and 25 IAC 5. The Plan must show that there are, participating in the proposed contract, Minority Business Enterprises (MBE) and Women Business Enterprises (WBE) listed in the Minority and Women's Business Enterprises Division (MWBD) directory of certified firms. Respondents must indicate the name of the MBE and WBE with which it will work, the contact name and phone number at the firm(s), the service supplied by the firm(s), the specific dollar amount from this contract that will be directed toward each firm, and the approximate date these products and/or services will be utilized. If participation is met through use of vendors who supply products and/or services, the Respondent must also indicate the vendor's tax ID number as well as provide a description of products and/or services provided to the Respondent that are directly related to this proposal and the cost of direct supplies for this proposal. All prime contractors, including MBE and WBE prime contractors, must meet the contract goals through use of subcontractors. MBE and WBE prime contractors will get no credit toward the contract goal for the use of its own workforce. The State does not accept national plans.

Failure to meet these requirements will affect the evaluation of your Proposal. The Department reserves the right to verify all information included in the Plan.

Respondents are encouraged to contact and work with MWBD to design a plan to meet established goals. MWBD's website address is [www.IN.gov/idoa/minority/](http://www.IN.gov/idoa/minority/) and contains a complete list of all the Department's certified MBE's and WBE's.

**Minority & Women's Business Enterprises Participation  
Letter of Commitment**

A signed letter(s), on company letterhead, from the MBE and/or WBE must accompany the Plan. This letter(s) shall state and will serve as acknowledgement from the MBE and/or WBE of its amount of participation, the scope of products and/or services, and approximate date these products and/or services will be utilized.

By submission of the Proposal, the Respondent acknowledges and agrees to be bound by the regulatory processes involving the State's M/WBE Program. Questions involving the regulations governing the Plan should be directed to MWBD's Compliance Unit at 317/232-3061

**MBE/WBE PARTICIPATION PLAN**

Contract Number \_\_\_\_\_ BID DATE \_\_\_\_\_

RESPONDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

The following MBE and/or WBE's listed in the MWBD directory will be participating in the contract:

<u>MBE/WBE</u>	<u>P HONE</u>	<u>COMPANY NAME</u>	<u>SCOPE OF PRODUCTS AND/OR SERVICES</u>	<u>UTILIZATION DATE</u>	<u>AMOUNT</u>
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_____
_____
_____
_____

**\*If additional room is necessary, indicate here \_\_\_\_\_. Please attach a separate page.**

**THIS DOCUMENT MUST BE INCLUDED IN YOUR RESPONSE**

**Indiana Department of Transportation  
GOOD FAITH EFFORTS WORKSHEET**

BIDDER \_\_\_\_\_ CONTRACT NUMBER \_\_\_\_\_

CONTRACT GOALS      0   % MBE              0   % WBE

List the M/WBEs contacted and complete the following information for each. Copies of all communications to and from each vendor should be maintained.

Company Name and Address	MBE	WBE	Type of Contact	Date of Contact	Date Response Due	Goods Or Services Requested	Result (Include Price Quote)

Indicate **Good Faith Efforts** made to utilize MWBEs. Check and explain all that apply or should be considered. Please provide evidence of the efforts that you want to be considered. A complete description of each criterion may be found in the **Indiana Department of Administration Public Works and State Office Building Commission MWBE Participation Policy** at the following website. [www.in.gov/idoa/mwbe/docs/ConstructionPolicy](http://www.in.gov/idoa/mwbe/docs/ConstructionPolicy)

<b>MBE and WBE Barrier Assistance</b>	Describe
<b>Advertisement</b>	Describe
<b>Agency Assistance</b>	Describe
<b>Other Criteria</b>	Describe

Contract Bid Amount 29,800  
MBE Goal 0 %  
WBE Goal 0 %

**MINORITY AND WOMEN'S BUSINESS ENTERPRISES PARTICIPATION PLAN**

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**Minority & Women's Business Enterprises Participation  
Letter of Commitment**

A signed letter(s), on company letterhead, from the MBE and/or WBE must accompany the Plan. This letter(s) shall state and will serve as acknowledgement from the MBE and/or WBE of its amount of participation, the scope of products and/or services, and approximate date these products and/or services will be utilized.

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**MBE/WBE PARTICIPATION PLAN**

Contract Number M-29225-A BID DATE 2/7/2007

RESPONDENT First Class Landscaping, Inc.  
ADDRESS 3355 S. Arlington Ave  
CITY/STATE/ZIP Indianapolis, IN 46203  
PHONE ( ) 317-788-9596

The following MBE and/or WBE's listed in the MWBD directory will be participating in the contract:

<u>MBE/WBE</u>	<u>PHONE</u>	<u>COMPANY NAME</u>	<u>SCOPE OF PRODUCTS AND/OR SERVICES</u>	<u>UTILIZATION DATE</u>	<u>AMOUNT</u>
<u>None</u>					

\*If additional room is necessary, indicate here \_\_\_\_\_. Please attach a separate page.

**THIS DOCUMENT MUST BE INCLUDED IN YOUR RESPONSE**

**Indiana Department of Transportation  
GOOD FAITH EFFORTS WORKSHEET**

BIDDER First class Landscaping, Inc CONTRACT NUMBER 11-29225-12

CONTRACT GOALS 0 % MBE 0 % WBE

List the M/WBEs contacted and complete the following information for each. Copies of all communications to and from each vendor should be maintained.

Company Name and Address	MBE	WBE	Type of Contact	Date of Contact	Date Response Due	Goods Or Services Requested	Result (Include Price Quote)
<i>Aztec Resources</i>	<input checked="" type="checkbox"/>		<i>Phone</i>	<i>11/17/07</i>		<i>Labor</i>	<i>still negotiating</i>

Indicate **Good Faith Efforts** made to utilize MWBEs. Check and explain all that apply or should be considered. Please provide evidence of the efforts that you want to be considered. A complete description of each criterion may be found in the **Indiana Department of Administration Public Works and State Office Building Commission MWBE Participation Policy** at the following website. [www.in.gov/idoa/mwbe/docs/ConstructionPolicy](http://www.in.gov/idoa/mwbe/docs/ConstructionPolicy)

<b>MBE and WBE Barrier Assistance</b>	Describe
<b>Advertisement</b>	Describe
<b>Agency Assistance</b>	Describe
<b>Other Criteria</b>	Describe

Contract Bid Amount \$141,624.00  
MBE Goal 0 %  
WBE Goal 0 %

**MINORITY AND WOMEN'S BUSINESS ENTERPRISES PARTICIPATION PLAN**

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**MBE/WBE PARTICIPATION PLAN**

Contract Number M 29224-A BID DATE February 17th 2007

RESPONDENT V. Feeney INC.  
ADDRESS 4518W 200N  
CITY/STATE/ZIP Greenfield, IN. 46140  
PHONE ( ) 317 894-7930

The following MBE and/or WBE's listed in the MWBD directory will be participating in the contract:

<u>MBE/WBE</u>	<u>P HONE</u>	<u>COMPANY NAME</u>	<u>SCOPE OF PRODUCTS AND/OR SERVICES</u>	<u>UTILIZATION DATE</u>	<u>AMOUNT</u>

\*If additional room is necessary, indicate here \_\_\_\_\_. Please attach a separate page.

**THIS DOCUMENT MUST BE INCLUDED IN YOUR RESPONSE**

**Indiana Department of Transportation  
GOOD FAITH EFFORTS WORKSHEET**

BIDDER V. Feeney INC. CONTRACT NUMBER m 29224-A

CONTRACT GOALS 0 % MBE 0 % WBE

List the M/WBEs contacted and complete the following information for each. Copies of all communications to and from each vendor should be maintained.

Company Name and Address	MBE	WBE	Type of Contact	Date of Contact	Date Response Due	Goods Or Services Requested	Result (Include Price Quote)

Indicate **Good Faith Efforts** made to utilize MWBEs. Check and explain all that apply or should be considered. Please provide evidence of the efforts that you want to be considered. A complete description of each criterion may be found in the **Indiana Department of Administration Public Works and State Office Building Commission MWBE Participation Policy** at the following website. [www.in.gov/idoa/mwbe/docs/ConstructionPolicy](http://www.in.gov/idoa/mwbe/docs/ConstructionPolicy)

<b>MBE and WBE Barrier Assistance</b>	Describe
<b>Advertisement</b>	Describe
<b>Agency Assistance</b>	Describe
<b>Other Criteria</b>	Describe



Contract Bid Amount \_\_\_\_\_  
MBE Goal 0 %  
WBE Goal 0 %

**MINORITY AND WOMEN'S BUSINESS ENTERPRISES PARTICIPATION PLAN**

A Respondent is expected to submit in each response a Minority and Women's Business Enterprises Participation Plan in accordance with IC 4-13-16.5 and 25 IAC 5. The Plan must show that there are, participating in the proposed contract, Minority Business Enterprises (MBE) and Women Business Enterprises (WBE) listed in the Minority and Women's Business Enterprises Division (MWBD) directory of certified firms. Respondents must indicate the name of the MBE and WBE with which it will work, the contact name and phone number at the firm(s), the service supplied by the firm(s), the specific dollar amount from this contract that will be directed toward each firm, and the approximate date these products and/or services will be utilized. If participation is met through use of vendors who supply products and/or services, the Respondent must also indicate the vendor's tax ID number as well as provide a description of products and/or services provided to the Respondent that are directly related to this proposal and the cost of direct supplies for this proposal. All prime contractors, including MBE and WBE prime contractors, must meet the contract goals through use of subcontractors. MBE and WBE prime contractors will get no credit toward the contract goal for the use of its own workforce. The State does not accept national plans.

Failure to meet these requirements will affect the evaluation of your Proposal. The Department reserves the right to verify all information included in the Plan.

Respondents are encouraged to contact and work with MWBD to design a plan to meet established goals. MWBD's website address is [www.IN.gov/idoa/minority/](http://www.IN.gov/idoa/minority/) and contains a complete list of all the Department's certified MBE's and WBE's.

**Minority & Women's Business Enterprises Participation  
Letter of Commitment**

A signed letter(s), on company letterhead, from the MBE and/or WBE must accompany the Plan. This letter(s) shall state and will serve as acknowledgement from the MBE and/or WBE of its amount of participation, the scope of products and/or services, and approximate date these products and/or services will be utilized.

By submission of the Proposal, the Respondent acknowledges and agrees to be bound by the regulatory processes involving the State's M/WBE Program. Questions involving the regulations governing the Plan should be directed to MWBD's Compliance Unit at 317/232-3061

**MBE/WBE PARTICIPATION PLAN**

Contract Number M-292A-A BID DATE 2-7-07

RESPONDENT C&H Mowing Inc.  
ADDRESS 918 S. 250W.  
CITY/STATE/ZIP Hebron In 46341  
PHONE ( ) 219-996-7273

The following MBE and/or WBE's listed in the MWBD directory will be participating in the contract:

<u>MBE/WBE</u>	<u>P HONE</u>	<u>COMPANY NAME</u>	<u>SCOPE OF PRODUCTS AND/OR SERVICES</u>	<u>UTILIZATION DATE</u>	<u>AMOUNT</u>

\*If additional room is necessary, indicate here \_\_\_\_\_. Please attach a separate page.

**THIS DOCUMENT MUST BE INCLUDED IN YOUR RESPONSE**

**Indiana Department of Transportation  
GOOD FAITH EFFORTS WORKSHEET**

BIDDER C&H Mowing Inc. CONTRACT NUMBER M-29219-A

CONTRACT GOALS 0 % MBE 0 % WBE

List the M/WBEs contacted and complete the following information for each. Copies of all communications to and from each vendor should be maintained.

Company Name and Address	MBE	WBE	Type of Contact	Date of Contact	Date Response Due	Goods Or Services Requested	Result (Include Price Quote)

Indicate **Good Faith Efforts** made to utilize MWBEs. Check and explain all that apply or should be considered. Please provide evidence of the efforts that you want to be considered. A complete description of each criterion may be found in the **Indiana Department of Administration Public Works and State Office Building Commission MWBE Participation Policy** at the following website. [www.in.gov/idoa/mwbe/docs/ConstructionPolicy](http://www.in.gov/idoa/mwbe/docs/ConstructionPolicy)

<b>MBE and WBE Barrier Assistance</b>	Describe
<b>Advertisement</b>	Describe
<b>Agency Assistance</b>	Describe
<b>Other Criteria</b>	Describe

Contract Bid Amount \_\_\_\_\_  
MBE Goal 0 %  
WBE Goal 0 %

**MINORITY AND WOMEN'S BUSINESS ENTERPRISES PARTICIPATION PLAN**

A Respondent is expected to submit in each response a Minority and Women's Business Enterprises Participation Plan in accordance with IC 4-13-16.5 and 25 IAC 5. The Plan must show that there are, participating in the proposed contract, Minority Business Enterprises (MBE) and Women Business Enterprises (WBE) listed in the Minority and Women's Business Enterprises Division (MWBD) directory of certified firms. Respondents must indicate the name of the MBE and WBE with which it will work, the contact name and phone number at the firm(s), the service supplied by the firm(s), the specific dollar amount from this contract that will be directed toward each firm, and the approximate date these products and/or services will be utilized. If participation is met through use of vendors who supply products and/or services, the Respondent must also indicate the vendor's tax ID number as well as provide a description of products and/or services provided to the Respondent that are directly related to this proposal and the cost of direct supplies for this proposal. All prime contractors, including MBE and WBE prime contractors, must meet the contract goals through use of subcontractors. MBE and WBE prime contractors will get no credit toward the contract goal for the use of its own workforce. The State does not accept national plans.

Failure to meet these requirements will affect the evaluation of your Proposal. The Department reserves the right to verify all information included in the Plan.

Respondents are encouraged to contact and work with MWBD to design a plan to meet established goals. MWBD's website address is [www.IN.gov/idoa/minority/](http://www.IN.gov/idoa/minority/) and contains a complete list of all the Department's certified MBE's and WBE's.

**Minority & Women's Business Enterprises Participation  
Letter of Commitment**

A signed letter(s), on company letterhead, from the MBE and/or WBE must accompany the Plan. This letter(s) shall state and will serve as acknowledgement from the MBE and/or WBE of its amount of participation, the scope of products and/or services, and approximate date these products and/or services will be utilized.

By submission of the Proposal, the Respondent acknowledges and agrees to be bound by the regulatory processes involving the State's M/WBE Program. Questions involving the regulations governing the Plan should be directed to MWBD's Compliance Unit at 317/232-3061

**MBE/WBE PARTICIPATION PLAN**

Contract Number M-29218-A BID DATE 2-7-07

RESPONDENT CAH Mowing Inc  
ADDRESS 918 S. 250W. D  
CITY/STATE/ZIP Harbor Fr 46341  
PHONE ( ) 219-996-7273

The following MBE and/or WBE's listed in the MWBD directory will be participating in the contract:

<u>MBE/WBE</u>	<u>P HONE</u>	<u>COMPANY NAME</u>	<u>SCOPE OF PRODUCTS AND/OR SERVICES</u>	<u>UTILIZATION DATE</u>	<u>AMOUNT</u>

\*If additional room is necessary, indicate here \_\_\_\_\_. Please attach a separate page.

**THIS DOCUMENT MUST BE INCLUDED IN YOUR RESPONSE**

**Indiana Department of Transportation  
GOOD FAITH EFFORTS WORKSHEET**

BIDDER C&H Mowing Inc CONTRACT NUMBER M-29218-A

CONTRACT GOALS 0 % MBE 0 % WBE

List the M/WBEs contacted and complete the following information for each. Copies of all communications to and from each vendor should be maintained.

Company Name and Address	MBE	WBE	Type of Contact	Date of Contact	Date Response Due	Goods Or Services Requested	Result (Include Price Quote)

Indicate **Good Faith Efforts** made to utilize MWBEs. Check and explain all that apply or should be considered. Please provide evidence of the efforts that you want to be considered. A complete description of each criterion may be found in the **Indiana Department of Administration Public Works and State Office Building Commission MWBE Participation Policy** at the following website. [www.in.gov/idoa/mwbe/docs/ConstructionPolicy](http://www.in.gov/idoa/mwbe/docs/ConstructionPolicy)

<b>MBE and WBE Barrier Assistance</b>	Describe
<b>Advertisement</b>	Describe
<b>Agency Assistance</b>	Describe
<b>Other Criteria</b>	Describe

Contract Bid Amount \$56,154.00  
MBE Goal 0 %  
WBE Goal 0 %

**MINORITY AND WOMEN'S BUSINESS ENTERPRISES PARTICIPATION PLAN**

A Respondent is expected to submit in each response a Minority and Women's Business Enterprises Participation Plan in accordance with IC 4-13-16.5 and 25 IAC 5. The Plan must show that there are, participating in the proposed contract, Minority Business Enterprises (MBE) and Women Business Enterprises (WBE) listed in the Minority and Women's Business Enterprises Division (MWBD) directory of certified firms. Respondents must indicate the name of the MBE and WBE with which it will work, the contact name and phone number at the firm(s), the service supplied by the firm(s), the specific dollar amount from this contract that will be directed toward each firm, and the approximate date these products and/or services will be utilized. If participation is met through use of vendors who supply products and/or services, the Respondent must also indicate the vendor's tax ID number as well as provide a description of products and/or services provided to the Respondent that are directly related to this proposal and the cost of direct supplies for this proposal. All prime contractors, including MBE and WBE prime contractors, must meet the contract goals through use of subcontractors. MBE and WBE prime contractors will get no credit toward the contract goal for the use of its own workforce. The State does not accept national plans.

Failure to meet these requirements will affect the evaluation of your Proposal. The Department reserves the right to verify all information included in the Plan.

Respondents are encouraged to contact and work with MWBD to design a plan to meet established goals. MWBD's website address is [www.IN.gov/idoa/minority/](http://www.IN.gov/idoa/minority/) and contains a complete list of all the Department's certified MBE's and WBE's.

**Minority & Women's Business Enterprises Participation  
Letter of Commitment**

A signed letter(s), on company letterhead, from the MBE and/or WBE must accompany the Plan. This letter(s) shall state and will serve as acknowledgement from the MBE and/or WBE of its amount of participation, the scope of products and/or services, and approximate date these products and/or services will be utilized.

By submission of the Proposal, the Respondent acknowledges and agrees to be bound by the regulatory processes involving the State's M/WBE Program. Questions involving the regulations governing the Plan should be directed to MWBD's Compliance Unit at 317/232-3061

**MBE/WBE PARTICIPATION PLAN**

Contract Number M29174A BID DATE February 7, 2007

RESPONDENT Brooks Construction Company, Inc.

ADDRESS 6525 Ardmore Avenue, P.O. Box 9560

CITY/STATE/ZIP Fort Wayne, IN 46809

PHONE ( ) (260) 478-1990

The following MBE and/or WBE's listed in the MWBD directory will be participating in the contract:

<u>MBE/WBE</u>	<u>P HONE</u>	<u>COMPANY NAME</u>	<u>SCOPE OF PRODUCTS AND/OR SERVICES</u>	<u>UTILIZATION DATE</u>	<u>AMOUNT</u>

**\*If additional room is necessary, indicate here \_\_\_\_\_ . Please attach a separate page.**

**THIS DOCUMENT MUST BE INCLUDED IN YOUR RESPONSE**

**Indiana Department of Transportation  
GOOD FAITH EFFORTS WORKSHEET**

BIDDER Brooks Construction Company, Inc. CONTRACT NUMBER M29174A

CONTRACT GOALS 0 % MBE 0 % WBE

List the M/WBEs contacted and complete the following information for each. Copies of all communications to and from each vendor should be maintained.

Company Name and Address	MBE	WBE	Type of Contact	Date of Contact	Date Response Due	Goods Or Services Requested	Result (Include Price Quote)

Indicate **Good Faith Efforts** made to utilize MWBEs. Check and explain all that apply or should be considered. Please provide evidence of the efforts that you want to be considered. A complete description of each criterion may be found in the **Indiana Department of Administration Public Works and State Office Building Commission MWBE Participation Policy** at the following website. [www.in.gov/idoa/mwbe/docs/ConstructionPolicy](http://www.in.gov/idoa/mwbe/docs/ConstructionPolicy)

<b>MBE and WBE Barrier Assistance</b>	Describe
<b>Advertisement</b>	Describe
<b>Agency Assistance</b>	Describe
<b>Other Criteria</b>	Describe

Contract Number R-29043-A

Contract Bid Amount \$99,121.00

DBE Goal 0%

### **DBE AFFIRMATIVE ACTION CERTIFICATION**

I do hereby certify that it is the intention of my company to affirmatively seek out and consider certified DBEs to participate in this contract as subcontractors, lessors, or suppliers of materials or services.

I understand and agree that all subcontracting or leasing in connection with this contract, whether undertaken prior to or subsequent to award of contract, will be in accordance with the requirements for the Disadvantaged Business Enterprise (DBE) Program. The applicable requirements are included in the Standard Specifications and the Special Provisions in the Contract Information Book for this contract. I understand and agree that no subcontracting will be approved or commenced until the Department has reviewed and approved the affirmative actions taken by my company or me.

I understand that utilization of certified DBEs is in addition to all other equal employment opportunity requirements of this contract.

I acknowledge that this certification is to be made an integral part of this contract.

I understand and agree that the submission of a blank certification shall cause my bid to be rejected.

I hereby certify that **contact has been made** with the firms listed in this certification, and that **I have confirmed that these firms are certified by the State of Indiana as DBEs** (For listing of DBE certified firms, see [www.in.gov/dot/div/legal/DBE/dbe\\_list.xls](http://www.in.gov/dot/div/legal/DBE/dbe_list.xls).)

If my company becomes the Contractor, the certified DBEs listed below have tentatively agreed to perform the corresponding services as part of this contract's DBE goal ("race/gender conscious" DBE participation). If a portion of a line item is used to satisfy the goal, the full dollar amount of the item will be considered as race conscious.

I have also listed the certified DBEs that have tentatively agreed to perform the corresponding services listed below beyond what is necessary to meet the contract's DBE goal ("race/gender neutral DBE participation). **I understand that neither my company nor I will be penalized for failure to achieve the dollar amounts listed beyond the contract goal.**

After contract award, any change to the firms listed in this Affirmative Action Certification must have prior approval by INDOT's Economic Opportunity Section, Central Office.

#### **DBE SUBCONTRACTORS AND LESSORS TO BE APPLIED TOWARD GOAL**

<b><u>Certified DBE Name &amp; Address</u></b>	<b><u>Pay Item Number and Service Planned</u></b>	<b><u>Actual Dollar Amount to be paid to DBE</u></b>
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NONE

#### **DBE MATERIAL SUPPLIERS TO BE APPLIED TOWARD GOAL**

<b><u>Certified DBE Supplier Name &amp; Address</u></b>	<b><u>Item(s)</u></b>	<b><u>Multiplier 60% or 100% from 103.01(c)</u></b>	<b><u>DBE Dollar Amount Allowable</u></b>
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NONE

**DBE SUBCONTRACTORS, LESSORS AND MATERIAL SUPPLIERS TO BE USED BEYOND GOAL**

**Certified DBE Name & Address    Pay Item Number and Service Planned    Actual Dollar Amount to be paid to DBE**

NONE

**Total Dollar Amount Credited toward DBE Goal (Race/Gender Conscious):**   -0-  

**Total Dollar Amount of Voluntary DBE Work Anticipated over DBE Goal (Race/Gender Neutral):**   -0-  

**Name of Company:**

Slusser's Green Thumb, Inc.

**By:** *Cecilia V. Slusser* **Date:** 02/07/07

Cecilia V. Slusser, President

**Individual's Name and Title    (printed or typed)**

(revised 9-19-06)



Contract Number B-27147-A

Contract Bid Amount \$851,000.00

DBE Goal 2%

### **DBE AFFIRMATIVE ACTION CERTIFICATION**

I do hereby certify that it is the intention of my company to affirmatively seek out and consider certified DBEs to participate in this contract as subcontractors, lessors, or suppliers of materials or services.

I understand and agree that all subcontracting or leasing in connection with this contract, whether undertaken prior to or subsequent to award of contract, will be in accordance with the requirements for the Disadvantaged Business Enterprise (DBE) Program. The applicable requirements are included in the Standard Specifications and the Special Provisions in the Contract Information Book for this contract. I understand and agree that no subcontracting will be approved or commenced until the Department has reviewed and approved the affirmative actions taken by my company or me.

I understand that utilization of certified DBEs is in addition to all other equal employment opportunity requirements of this contract.

I acknowledge that this certification is to be made an integral part of this contract.

I understand and agree that the submission of a blank certification shall cause my bid to be rejected.

I hereby certify that **contact has been made** with the firms listed in this certification, and that **I have confirmed that these firms are certified by the State of Indiana as DBEs** (For listing of DBE certified firms, see [www.in.gov/dot/div/legal/DBE/dbe\\_list.xls](http://www.in.gov/dot/div/legal/DBE/dbe_list.xls).)

If my company becomes the Contractor, the certified DBEs listed below have tentatively agreed to perform the corresponding services as part of this contract's DBE goal ("race/gender conscious" DBE participation). If a portion of a line item is used to satisfy the goal, the full dollar amount of the item will be considered as race conscious.

I have also listed the certified DBEs that have tentatively agreed to perform the corresponding services listed below beyond what is necessary to meet the contract's DBE goal ("race/gender neutral DBE participation). **I understand that neither my company nor I will be penalized for failure to achieve the dollar amounts listed beyond the contract goal.**

After contract award, any change to the firms listed in this Affirmative Action Certification must have prior approval by INDOT's Economic Opportunity Section, Central Office.

### **DBE SUBCONTRACTORS AND LESSORS TO BE APPLIED TOWARD GOAL**

<b><u>Certified DBE Name &amp; Address</u></b>	<b><u>Pay Item Number and Service Planned</u></b>	<b><u>Actual Dollar Amount to be paid to DBE</u></b>
--	---	--

Please see attached sheet(s)

### **DBE MATERIAL SUPPLIERS TO BE APPLIED TOWARD GOAL**

<b><u>Certified DBE Supplier Name &amp; Address</u></b>	<b><u>Item(s)</u></b>	<b><u>Multiplier 60% or 100% from 103.01 (c)</u></b>	<b><u>DBE Dollar Amount Allowable</u></b>
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Please see attached sheet(s)

**DBE SUBCONTRACTORS, LESSORS AND MATERIAL SUPPLIERS TO BE USED BEYOND GOAL**

**Certified DBE Name & Address**      **Pay Item Number and Service Planned**      **Actual Dollar Amount to be paid to DBE**

Please see attached sheet(s)

Total Dollar Amount Credited toward DBE Goal (Race/Gender Conscious): \$ 18,000.00

Total Dollar Amount of Voluntary DBE Work Anticipated over DBE Goal (Race/Gender Neutral): \$0.00

Name of Company: Milestone Contractors, L.P. by Contractors United, Inc. – General Partner

By: Mark Thompson

Date: February 7, 2007

Mark Thompson, Vice President

Individual's Name and Title      (printed or typed)

(revised 9-19-06)

Contract Number	B-27147-A
Contract Bid Amount	\$851,000.00
DBE Goal	2%

**DBE AFFIRMATIVE ACTION CERTIFICATION (Continued)**

DBE SUBCONTRACTORS AND LESSORS TO BE APPLIED TOWARD THE GOAL

	<u>Certified DBE Name &amp; Address</u>	<u>Pay Item Number &amp; Service Planned</u>	<u>Actual Dollar Amount to Be Paid to DBE</u>
1	Harmon Steel, Inc. 623 South State Street North Vernon, IN 47265	(48,49) All Partial Items: Install reinforcing steel; Concrete, C, Superstructure - Furnish and Install Metal SIP Forms	\$18,000.00
3			
4			
5			
6			
7			

DBE MATERIAL SUPPLIERS TO BE APPLIED TOWARD GOAL

	<u>Certified DBE Supplier Name &amp; Address</u>	<u>Items</u>	<u>Multiplier 60% or 100% from 103.01 (c)</u>	<u>DBE Dollar Amount Allowable</u>
1				
2				

DBE SUBCONTRACTORS, LESSORS AND MATERIAL SUPPLIERS TO BE USED BEYOND GOAL

	<u>Certified DBE Name &amp; Address</u>	<u>Pay Item Number &amp; Service Planned</u>	<u>Actual Dollar Amount to Be Paid to DBE</u>
1			
2			
3			

Total Dollar Amount Credited toward DBE Goal (Race/Gender Conscious) \$ 18,000.00

Total Dollar Amount of Voluntary DBE Work Anticipated over DBE Goal (Race/Gender Neutral) \$ 0.00

Contract Number RS-28830-A

Contract Bid Amount \$548,640.00

DBE Goal 3%

### DBE AFFIRMATIVE ACTION CERTIFICATION

I do hereby certify that it is the intention of my company to affirmatively seek out and consider certified DBEs to participate in this contract as subcontractors, lessors, or suppliers of materials or services.

I understand and agree that all subcontracting or leasing in connection with this contract, whether undertaken prior to or subsequent to award of contract, will be in accordance with the requirements for the Disadvantaged Business Enterprise (DBE) Program. The applicable requirements are included in the Standard Specifications and the Special Provisions in the Contract Information Book for this contract. I understand and agree that no subcontracting will be approved or commenced until the Department has reviewed and approved the affirmative actions taken by my company or me.

I understand that utilization of certified DBEs is in addition to all other equal employment opportunity requirements of this contract.

I acknowledge that this certification is to be made an integral part of this contract.

I understand and agree that the submission of a blank certification shall cause my bid to be rejected.

I hereby certify that **contact has been made** with the firms listed in this certification, and that **I have confirmed that these firms are certified by the State of Indiana as DBEs** (For listing of DBE certified firms, see [www.in.gov/dot/div/legal/DBE/dbe\\_list.xls](http://www.in.gov/dot/div/legal/DBE/dbe_list.xls).)

If my company becomes the Contractor, the certified DBEs listed below have tentatively agreed to perform the corresponding services as part of this contract's DBE goal ("race/gender conscious" DBE participation). If a portion of a line item is used to satisfy the goal, the full dollar amount of the item will be considered as race conscious.

I have also listed the certified DBEs that have tentatively agreed to perform the corresponding services listed below beyond what is necessary to meet the contract's DBE goal ("race/gender neutral DBE participation). **I understand that neither my company nor I will be penalized for failure to achieve the dollar amounts listed beyond the contract goal.**

After contract award, any change to the firms listed in this Affirmative Action Certification must have prior approval by INDOT's Economic Opportunity Section, Central Office.

#### DBE SUBCONTRACTORS AND LESSORS TO BE APPLIED TOWARD GOAL

<u>Certified DBE Name &amp; Address</u>	<u>Pay Item Number and Service Planned</u>	<u>Actual Dollar Amount to be paid to DBE</u>
Highway Safety Services Box 4697 Lafayette, IN 47903	#022-024 Construction Signs & Maintain Traffic (partial) #029-031 Pvmt Marking, Line-Thermo. #034 Transvers Marking	\$16,454.40

#### DBE MATERIAL SUPPLIERS TO BE APPLIED TOWARD GOAL

<u>Certified DBE Supplier Name &amp; Address</u>	<u>Item(s)</u>	<u>Multiplier 60% or 100% from 103.01(c)</u>	<u>DBE Dollar Amount Allowable</u>
N/A			

**DBE SUBCONTRACTORS, LESSORS AND MATERIAL SUPPLIERS TO BE USED BEYOND GOAL**

**Certified DBE Name & Address    Pay Item Number and Service Planned    Actual Dollar Amount to be paid to DBE**

Highway Safety Services Box 4697	#032, 033 - Line, Thermoplastic #035 & 036 Pvmt Message Markings	\$7,368.50
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**Total Dollar Amount Credited toward DBE Goal (Race/Gender Conscious): \$16,454.40**

**Total Dollar Amount of Voluntary DBE Work Anticipated over DBE Goal (Race/Gender Neutral): \$7,368.50**

**Name of Company:**

Dave O'Mara Contractor, Inc.

By:  Date: February 7, 2007

Dave O'Mara, President

**Individual's Name and Title (printed or typed)**

(revised 9-19-06)

Contract Number T-29336-A

Contract Bid Amount \$218,275.20

DBE Goal 3%

### **DBE AFFIRMATIVE ACTION CERTIFICATION**

I do hereby certify that it is the intention of my company to affirmatively seek out and consider certified DBEs to participate in this contract as subcontractors, lessors, or suppliers of materials or services.

I understand and agree that all subcontracting or leasing in connection with this contract, whether undertaken prior to or subsequent to award of contract, will be in accordance with the requirements for the Disadvantaged Business Enterprise (DBE) Program. The applicable requirements are included in the Standard Specifications and the Special Provisions in the Contract Information Book for this contract. I understand and agree that no subcontracting will be approved or commenced until the Department has reviewed and approved the affirmative actions taken by my company or me.

I understand that utilization of certified DBEs is in addition to all other equal employment opportunity requirements of this contract.

I acknowledge that this certification is to be made an integral part of this contract.

I understand and agree that the submission of a blank certification shall cause my bid to be rejected.

I hereby certify that **contact has been made** with the firms listed in this certification, and that **I have confirmed that these firms are certified by the State of Indiana as DBEs** (For listing of DBE certified firms, see [www.in.gov/dot/div/legal/DBE/dbe\\_list.xls](http://www.in.gov/dot/div/legal/DBE/dbe_list.xls).)

If my company becomes the Contractor, the certified DBEs listed below have tentatively agreed to perform the corresponding services as part of this contract's DBE goal ("race/gender conscious" DBE participation). If a portion of a line item is used to satisfy the goal, the full dollar amount of the item will be considered as race conscious.

I have also listed the certified DBEs that have tentatively agreed to perform the corresponding services listed below beyond what is necessary to meet the contract's DBE goal ("race/gender neutral DBE participation). **I understand that neither my company nor I will be penalized for failure to achieve the dollar amounts listed beyond the contract goal.**

After contract award, any change to the firms listed in this Affirmative Action Certification must have prior approval by INDOT's Economic Opportunity Section, Central Office.

#### **DBE SUBCONTRACTORS AND LESSORS TO BE APPLIED TOWARD GOAL**

**Certified DBE Name & Address    Pay Item Number and Service Planned    Actual Dollar Amount to be paid to DBE**

SEE ATTACHED

#### **DBE MATERIAL SUPPLIERS TO BE APPLIED TOWARD GOAL**

**Certified DBE Supplier Name & Address    Item(s)    Multiplier 60% or 100% from 103.01(c)    DBE Dollar Amount Allowable**

SEE ATTACHED

**DBE SUBCONTRACTORS, LESSORS AND MATERIAL SUPPLIERS TO BE USED BEYOND GOAL**

**Certified DBE Name & Address    Pay Item Number and Service Planned    Actual Dollar Amount to be paid to DBE**

SEE ATTACHED

Total Dollar Amount Credited toward DBE Goal (Race/Gender Conscious): \_\_\_\_\_

Total Dollar Amount of Voluntary DBE Work Anticipated over DBE Goal (Race/Gender Neutral): \_\_\_\_\_

Name of Company:

Rieth-Riley Construction Co., Inc.

By: \_\_\_\_\_

Date: February 7, 2007

Thomas M. Buck, Area Manager

Individual's Name and Title (printed or typed)

(revised 9-19-06)



3425 O'farrel Road Lafayette, IN 47905

**AFFIRMATIVE ACTION CERTIFICATION ATTACHMENT**

Contract No. T-29336-A

Bid Letting Date: February 7, 2007

Contract Amount: \$ 218,275.20

**DBE SUBCONTRACTORS AND LESSORS TO BE APPLIED TOWARD GOAL**

<u>Certified DBE Name &amp; Address</u>	<u>Pay item No and service planned</u>	<u>Actual Dollar amount to be paid to DBE</u>
1. Highway Safety Services Lafayette, IN	25-27, 49-55 Const Signs, Striping	\$ 9,563.80
2.		

**DBE MATERIAL SUPPLIERS TO BE APPLIED TOWARD GOAL**

<u>Certified DBE Supplier Name &amp; Address</u>	<u>Items</u>	<u>Multiplier 60% or 100% from 103.01©</u>	<u>DBE Dollar Amount Allowable</u>
1.			

**DBE SUBCONTRACTORS, LESSORS AND MATERIAL SUPPLIERS TO BE USED BEYOND GOAL**

<u>Certified DBE Name &amp; Address</u>	<u>Pay Item No and service planned</u>	<u>Actual Dollar Amount to be paid to DBE</u>
1. Slusers Green Thumb Logansport, IN	10,11,22,23 Erosion Control, seeding	\$ 4,850.00
2.		

Total Dollar Amount Credited toward DBE Goal ( Race/Gender Conscious ): \$ 9,563.80

Total Dollar Amount of Voluntary DBE Work anticipated over DBE Goal (Race/Gender Neutral): \$ 4,850.00