



PRIME CONTRACTOR VOLUNTARY SMALL BUSINESS PARTICIPATION

State Form 55074 (R / 6-15)
INDIANA DEPARTMENT OF TRANSPORTATION

INSTRUCTIONS: Please send completed forms to: *INDOT Economic Opportunity Division, 100 North Senate Avenue, Room N750, Indianapolis, Indiana 46204; or by fax to (317) 233-0891.*

To foster small business participation, the Indiana Department of Transportation (INDOT) is taking all reasonable steps to eliminate obstacles to small businesses in the contracting process and in the field, in accordance with 49 CFR §26.39. Please complete this voluntary form to assist INDOT in tracking small business participation on its contracts. Include all small businesses, including Disadvantaged Business Enterprises (DBEs), which you intend to utilize on the contract. Unless the small business is a DBE listed on the Affirmative Action Certificate (AAC), you do not need to get approval from INDOT's _____ to change small business utilization, and you will not be penalized for failing to utilize all firms listed on this form. Use additional sheets if necessary. Include your company name, contact number and district in the upper right corner of any additional sheets used.

FOSTERING SMALL BUSINESS PARTICIPATION	
Name of prime contractor	
Address (number and street, city, state, and ZIP code)	
Contract number	INDOT contracting district

SMALL BUSINESS FIRMS TO BE UTILIZED	
To verify certification as a small business, please visit https://www.sam.gov/portal/public/SAM/ .	
Name of firm	Is the firm a certified DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)	
Work to be performed	Total estimated cost of work \$
Name of firm	Is the firm a certified DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)	
Work to be performed	Total estimated cost of work \$
Name of firm	Is the firm a certified DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)	
Work to be performed	Total estimated cost of work \$

Signature	Date (month, day, year)
Title	