



**SCHEDULE C.1: Disadvantaged Business Enterprise (DBE)
Subcontractor Participation & Intent to Perform (Material Supplier)**

11/2024

DO NOT RECREATE OR CHANGE THIS DOCUMENT

Instructions: The Offeror (i.e., Prime Contractor) shall complete all applicable information in this form to show their “**Good Faith Effort (GFE)**” towards meeting the contract goal assigned to the contract or GFE to include DBEs on a contract. This form will be completed for subcontractors used for material supplies (i.e., Manufacturer, Regular Dealer, or Distributor). Those subcontractors which are listed on this form as DBEs must have current DBE certification by a member of the Texas Unified Certification Program at the time of execution of the contract to Offeror (see Exhibit D, Section 7). Additionally, the Intent to Perform must be completed by the Prime Contractor and DBE subcontractor(s) listed in this form.

| | | |
|---|-----------------------|---|
| Prime Contractor: | Contact Name: | Ethnic/Gender Code: A) Asian-Pacific American B) Black American H) Hispanic American N) Native American SA) Subcontinental Asian American NM) Non-Minority (Woman) M) Male F) Female |
| Project Name: | Title: | |
| IFB/RFP/SOQ#: | Phone#: | |
| Firm’s Age: | Email Address: | |
| Firm’s Annual Gross Receipts (\$): | Address: | |

Subcontractor Section (Material Supplier)

COMPLETE THIS FORM FOR **ALL MATERIAL SUPPLIERS** IDENTIFIED FOR THIS PROJECT. **YOU MAY USE MULTIPLE FORMS.**

In accordance with 49 CFR (Code of Federal Regulations) Part 26, §26.53 & §26.55, when making good faith efforts DBE firms used for credit towards the contract goal must have a current certification status with a TUCP Certifying Agency (see Exhibit D, Section 7) at the time of execution of the contract. The DBE must be certified in the 6-digit NAICS code for the proposed scope of work to receive credit towards the DBE contract goal. will also review the proposed DBE participation to ensure that it will perform a commercially useful function.

Material Supplier – Complete this section if using a Material Supplier

Material Supplier Type: **Manufacturer (MFG)** (100% Credit) **Regular Dealer (RD)** (60% Credit)
Distributor (D) (40% Credit or Fees/Commission) **(NOTE: Complete the Regular Dealer/Affirmation Form when determining % for credit)**

| Company Name | Contact Person, Phone#, & Address | Material Supplier Type | 1 st or 2 nd Tier Sub. | DBE or Non-DBE | Ethnic Code/ Gender (Leave Blank if non-DBE) | Age of Firm | Annual Gross Receipts (\$) | Materials or Supplies Being Provided & 6-Digit NAICS Code | *Est. QTY of Materials | Price/Unit (\$) | Total \$ Commitment | Total % Commitment (Based on % of Credit) |
|--------------|-----------------------------------|------------------------|--|----------------|--|-------------|----------------------------|---|------------------------|-----------------|---------------------|---|
| | | | | | | | | | | | | |
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*Estimated Quantities of Materials may vary from what is listed above. An explanation may be required for any variation in the price and/or quantities.



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The contractor shall inform the Project Manager and DBE Representative of the date the DBE will begin supplying materials or supplies to the project and when the DBE's responsibilities under this commitment end.

Complete the following for **EACH DBE Subcontractor** that is a **Regular Dealer** or **Distributor**.

| Regular Dealer | | | | | |
|----------------|--|---------------------------------------|---|--|---|
| DBE Name | Address (Storage facility, warehouse, yard, etc.) | Provide name of manufacturer / Source | Party Responsible for Transportation of Goods | Established account with Supplier or Manufacturer (Yes or No)? | DBE Credit |
| | | | | | (60%) credit (%) will be counted of Total \$/% Commitment |
| | | | | | |
| | | | | | |
| Distributor | | | | | |
| DBE Name | Address/Point of Origin where materials are coming | Provide name of manufacturer / Source | Party Responsible for Transportation of Goods | Established account with Supplier or Manufacturer (Yes or No)? | (40%, or Fees / Commission) credit (%) will be counted of Total Commitment (\$)? <i>(Indicate % if Fees/ Commission)</i> |
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Intent to Perform

IFB/RFP/SOQ#:

The undersigned is currently certified under the Texas Unified Certification Program (TUCP) as a DBE. The undersigned is prepared to provide the following material services listed in connection with the above project number at the following price \$ _____ and/or _____ % of the total contract amount (should be the same \$ or % found on Schedule C).

Any and all subcontractors that a DBE subcontractor uses must be listed in Schedule C. (Low tier subcontractors must complete this section only when used by a DBE subcontractor.)

IMPORTANT! A signature is required by the Offeror and each DBE listed on this form.

By signing this commitment, you affirm that all information provided is true and correct and agree to comply with all parts of 49 CFR, Part 26. A subcontract agreement or Purchase Order must be executed with the DBE and provided to CapMetro to be included in the DBE file under the contract.

| | | | | | | |
|--|-----------------|-----------------------|---------------|-----------|---------------|-------------|
| Prime Contractor Name: | | DBE Certified: | Yes | No | | |
| Representative Name: | Address: | | City: | | State: | Zip: |
| Title: | Phone#: | | Email: | | | |
| Signature: | Date: | | | | | |
| 1st Tier Subcontractor Name: | | DBE Certified: | Yes | No | | |
| Representative Name: | Address: | | City: | | State: | Zip: |
| Title: | Phone#: | | Email: | | | |
| Signature: | Date: | | | | | |

If the subcontractor anticipates that _____% of the dollar value of this subcontract will be sublet and/or awarded to other contractors, complete the section below. Duplicate as needed.

| | | | | | | |
|--|-----------------|-----------------------|---------------|-----------|---------------|-------------|
| 2nd Tier Subcontractor Name: | | DBE Certified: | Yes | No | | |
| Representative Name: | Address: | | City: | | State: | Zip: |
| Title: | Phone#: | | Email: | | | |
| Signature: | Date: | | | | | |