

## PALM BEACH COUNTY DEPARTMENT OF AIRPORTS



**Airports Business Affairs Division  
846 Palm Beach International Airport  
West Palm Beach, FL 33406-1470  
Phone: (561) 471-7403/Fax (561) 471-7427**

### **INSTRUCTIONS ON COMPLETING DISADVANTAGED BUSINESS ENTERPRISE (DBE) SCHEDULES (PROFESSIONAL/CONSULTING SERVICES FORMS)**

- A. Schedule 1(A) (List of Proposed DBE Firms)** should be completed by the **Prime Contractor** providing professional or consulting services and submitted with the letter of interest (LOI) or statement of qualifications (SOQ).
1. Fill in blanks with project information and contact information for Prime Contractor.
  2. The names and contact information should be included for all DBE firms on the project as well as a description of the type of work to be performed by the DBE firm.
  3. Check applicable box to indicate DBE firm type (i.e., prime, subcontractor, supplier or manufacturer).
  4. Indicate dollar amount of work to be performed by each DBE firm under the appropriate category applicable to each DBE firm (i.e., black, hispanic, women or other).
  5. Include the total price and the total value of the DBE participation at the bottom of Schedule 1(A).
  6. An authorized representative of the Prime Contractor must sign and date Schedule 1(A).
  7. An updated Schedule 1(A) must be submitted when DBE firms are added, terminated or substituted during the term of a contract.
- B. Schedule 2(A) (Letter of Intent to Perform as a Disadvantaged Business Enterprise)** should be completed by each **DBE firm** listed on Schedule 1(A) and submitted with the LOI or SOQ.
1. Fill in the blanks with the project information and name of the Prime Contractor and DBE firm submitting Schedule 2(A).

2. Specify in detail the line items and work to be performed along with the dollar amount for all work items. Make sure to include the total dollar amount.
3. If there is a portion of the work **that will not be performed by the DBE firm** and will be sub-subcontracted to another firm, the dollar amount must be included on the appropriate line on Schedule 2(A). Any amount to be sub-subcontracted to a **non-DBE firm** will not be counted toward attainment of the DBE goal.
4. An authorized representative of the DBE firm must sign and date Schedule 2(A).
5. An updated Schedule 2(A) must be submitted when DBE firms are added, terminated or substituted during the term of a contract.

**C. Schedule 3(A) (Demonstration of Good Faith Efforts)** should be completed by the **Prime Contractor** providing professional or consulting services and submitted with the LOI or SOQ.

1. The Prime Contractor must indicate how it intends to satisfy the DBE goal by either (a) committing to satisfying the goal or (b) demonstrating its good faith efforts to achieve the goal. The Prime Contractor must check the appropriate line indicating how it intends to satisfy the DBE requirements. An authorized representative of the DBE firm must sign and date Schedule 3(A) on the first page of the form.
2. In the event the Prime Contractor is unable to achieve the DBE goal, the Prime Contractor is required to demonstrate that it has made good faith efforts to achieve DBE participation. Actions constituting good faith efforts are described in Appendix A to 49 CFR Part 26. The Prime Contractor must, **at a minimum**, complete the remainder of Schedule 3(A).

**D. Schedule 4(A) (Professional Services Activity Report)** should be completed by the **Prime Contractor** and submitted with each payment request to the Palm Beach County Department of Airports.

1. All sections, including Prime Consultant, Contract and DBE Sub-consultant Information, should be completed.
2. An authorized representative of the Prime Consultant must sign Schedule 4(A).

**E. Schedule 5(A) (DBE Payment Certification)** should be submitted by the **Prime Contractor** providing professional or consulting services with each payment request to the Palm Beach County Department of Airports to certify payments actually received by any DBE firm listed on Schedule 4(A). Schedule 5(A) must be signed and notarized as required by the **DBE firm**.

1. The Prime Contractor should not request a DBE firm to sign Schedule 5(A) unless it has paid the DBE firm.
2. A separate Schedule 5(A) is required for **each** DBE firm listed on Schedule 4(A).

3. If any funds are disbursed by the DBE firm, to another firm, the applicable blanks should be filled in.
4. An authorized representative of the DBE firm must sign Schedule 5(A). The signature must be notarized.
5. An original copy of Schedule 5(A) should be submitted with the Prime Contractor/Consultant's payment request.

**F. Bidder and Subcontractors Information Form** should be completed by the **Prime Contractor** and must be submitted with the LOI or SOQ.

1. Identify name(s), address(es), DBE status, age of firm(s) and range of annual gross receipts for the Prime Bidder and **all** subcontractors quoting/working on the project. The information must be included for **DBE and non-DBE** firms.

**G. Prime Contractor's Obligations.** It is the obligation of the Prime Contractor providing professional or consulting services to ensure that the information reported to the Department of Airports on the required DBE schedules is true and correct and that payments made to DBE firms are for work actually performed by the DBE firms with their own forces, except as disclosed to the Department in Schedules 2(A) and 5(A).

**DBE SCHEDULES**  
**(Professional Services)**

**SCHEDULE 1(A)  
LIST OF PROPOSED DBE FIRMS  
(Professional Services)**

LOI/SOQ Project Description: \_\_\_\_\_

Name of Respondent: \_\_\_\_\_ Change Order/Task/Amendment No. (if applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax No: \_\_\_\_\_

Name, Address & Phone No. of DBE Firm	Description of Type of Work	Classification (Check applicable box)	Percentage of DBE Participation			
			Black	Hispanic	Women	Other (Please Specify)
		<input type="checkbox"/> Prime Consultant <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Manufacturer	_____ %	_____ %	_____ %	_____ %
		<input type="checkbox"/> Prime Consultant <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Manufacturer	_____ %	_____ %	_____ %	_____ %
		<input type="checkbox"/> Prime Consultant <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Manufacturer	_____ %	_____ %	_____ %	_____ %
		<input type="checkbox"/> Prime Consultant <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Manufacturer	_____ %	_____ %	_____ %	_____ %

**Total Percentage of DBE Participation: \_\_\_\_\_ %**

**Notes:**

- The percentages listed on this form for each DBE Firm must be supported by the percentages included on Schedule 2(A), "Letter of Intent to Perform as a Disadvantaged Business Enterprise", in order to be counted toward attainment of the DBE goal.
- Firms identified on this form must be certified as a DBE by the State of Florida's Unified Certification Program. Certification status can be verified on the Florida Department of Transportation's Biznet website at <https://www3.dot.state.fl.us/EqualOpportunityOffice/biznet/mainmenu.asp>.
- If materials or supplies are proposed to be purchased from a DBE regular dealer, the undersigned acknowledges that only sixty percent (60%) of the proposed expenditure will be counted toward attainment of the DBE goal.

By signing this form the undersigned Respondent is committing to utilize the above referenced DBE Firms on the Project and that the Respondent will monitor the DBE Firms to ensure that the work is actually performed by the by the DBE Firms.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name/Title of Person Executing on Behalf of the Respondent

**SCHEDULE 2(A)**  
**LETTER OF INTENT TO PERFORM AS A DISADVANTAGED BUSINESS ENTERPRISE**  
**(Professional Services)**

LOI/SOQ Project Description: \_\_\_\_\_

Change Order/Task /Amendment No. (if applicable): \_\_\_\_\_

Name of Prime Respondent: \_\_\_\_\_

Name of DBE Firm: \_\_\_\_\_

The undersigned is certified as a Disadvantaged Business Enterprise by the State of Florida's Unified Certification Program. Check one or more classifications as applicable:

- Black       Hispanic       Women       Other (Please Specify) \_\_\_\_\_  
 Prime Consultant    Subcontractor    Manufacturer    Supplier

The undersigned is prepared to perform the following described work in connection with the above-referenced project (specify in detail the particular work and/or parts thereof to be performed):

\_\_\_\_\_  
\_\_\_\_\_

(Additional Sheets may be used as necessary.)

**Total Percentage of Participation by DBE Firm for this Project:** \_\_\_\_\_ %

and will enter into a formal agreement for work with you conditioned upon your execution of a contract with Palm Beach County.

**If the undersigned intends to subcontract any portion of the work described above to another subcontractor, please complete the following:**

\_\_\_\_\_ %    DBE Certified  
(Name of Subcontractor)      (Percentage of work to be subcontracted)       Non-DBE

**The undersigned affirms that it has the resources necessary to perform the work described above without subcontracting the work to another subcontractor, except as noted above.**

\_\_\_\_\_  
Printed Name of DBE Subcontractor

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

Date: \_\_\_\_\_

**SCHEDULE 3(A)  
DEMONSTRATION OF GOOD FAITH EFFORTS TO ACHIEVE DBE GOAL  
(Professional Services)**

LOI/SOQ Project Description: \_\_\_\_\_ Date: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

The undersigned Respondent intends to satisfy the requirements of the Professional Services Contract related to Disadvantaged Business Enterprise (DBE) utilization in the following manner (*Check blank below*):

\_\_\_\_\_ The Respondent will has committed to a minimum of \_\_\_\_\_%<sup>1</sup> DBE utilization on this Project. (*Complete blank – if the percentage will equal or exceed the DBE goal.*)

\_\_\_\_\_ If unable to meet the DBE goal of \_\_\_\_\_%, the Respondent has committed to a minimum of \_\_\_\_\_%<sup>1</sup> DBE utilization on this Project and will demonstrate its good faith efforts to achieve the DBE goal. (*Complete blank – if percentage is less than the DBE goal.*)

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

Print Name/Title: \_\_\_\_\_

<sup>1</sup> The percentages committed to on this form must be supported by the percentages listed on Schedules 1(A) and 2(A).

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**THE REMAINDER OF THIS FORM MUST BE COMPLETED IF THE RESPONDENT HAS BEEN UNABLE TO ACHIEVE THE DBE GOAL.**

The Respondent must demonstrate that it has made good faith efforts to achieve participation with DBE firms. This requires that the Respondent show that it took all necessary and reasonable steps to secure participation by certified DBE firms. Mere pro forma efforts will not be considered as a good faith effort. In addition, the ability or desire of the Respondent to perform the work with its own organization does not relieve the Respondent of the responsibility to make good faith efforts. Actions constituting evidence of good faith efforts are described in Appendix A to 49 CFR Part 26. Such actions may include, but are not limited to, the actions identified in this form. The following list is not intended to be exclusive or exhaustive; however, failure to provide the requested information, at a minimum, shall result in your reponse being determined nonresponsive to the DBE requirements.

**1. Attendance at Pre-solicitation Conference, if held:**

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Not held

**2. Indicate Methods Utilized to Solicit DBE Firms (Check where applicable):**

\_\_\_\_\_ Advertising\*

Name of Publication	Publication Date(s)

\*Attach copies of all advertisements.

\_\_\_\_\_ Contacting known DBE firms

List names of all DBE Firms contacted	Telephone No. of DBE Firm	Date Contacted	Indicate how the DBE firm was solicited (i.e., via correspondence, fax, e-mail, telephone, etc....)

\*Include copies of solicitation letter(s). DBE firms should be provided a sufficient period of time to allow them to respond to the solicitation.

Information that may be included in solicitation letters, includes, but is not limited to:

- Project specific information
- Your willingness to assist with supply purchases
- Bonding requirements of your company
- Any assistance your company provides to satisfy bonding requirements, lines of credit and insurance
- Availability of specifications and plans through your office
- The best time to reach you by telephone
- LOI/SOQ information
- Your requirements, time frames, and payment schedules
- Identification of specific subcontracting opportunities



Utilizing services of available minority/women community organizations; minority/women contractor's groups; local, state and federal minority/women business assistance offices; and other organizations that provide assistance in the recruitment and placement of minority/women business enterprises.

Organizations Contacted	Name of Person Contacted	Date Contacted	Phone Number of Person Contacted

3. **Selecting portions of the work to be performed by DBE firms can increase the likelihood that the DBE goal will be achieved. This includes, where appropriate, breaking portions of the work into economically feasible units to facilitate DBE participation. Detail specific subcontracting categories made available to DBE firms for this Project and a list of the DBE firms made aware of the opportunities.**

Subcontracting Category	Name of DBE Firm

4. **List all DBE firms who provided a quote for this Project and the percentage quoted. Identify the successful subcontractor (if not the DBE firm providing the quote) and the successful subcontractor's quote.**

Name of DBE Firm	DBE Firm's Quote	Name of non-DBE Subcontractor Selected	Non-DBE Subcontractor's Quote

Provided a detailed statement why the DBE firm's quote was not accepted. It should be noted that the fact that there may be additional costs involved in finding and using DBE firms is not in itself a sufficient reason for the Respondent's failure to meet the DBE goal, as long as the costs are reasonable.

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**5. List all DBE firms that the Respondent provided assistance to in reviewing the Project Requirements.**

Name of DBE Firm	Nature of Assistance

**6. List all interested DBE firms that the Respondent offered to assist in obtaining required bonds, lines of credit or insurance, if such assistance was necessary.**

Name of DBE Firm	Nature of Assistance

**7. Detail the efforts the Respondent took to follow up with DBE firms following initial solicitation.**

Name of DBE Firm	Description of Efforts

8. Provide a list of DBE subcontractors that the Respondent deemed unqualified and an explanation for the conclusion reached.

Name of DBE Firm	Explanation

9. For those DBE subcontractors contacted but determined to be unavailable, provide either:

a) A signed letter from the DBE firm stating that they are unavailable;

or

b) A statement from the Respondent that the DBE firm refused to submit a letter after reasonable requests.

10. List any Palm Beach County projects the Respondent has performed within the last six (6) months, the DBE subcontractors utilized and the dollar value of the DBE firm's subcontract.

List of Projects	DBE Firms Utilized	Dollar Value

11. Provide a detailed statement why the DBE goal could not be achieved.

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**12. Describe in detail any additional efforts or circumstances that may assist the County in determining good faith efforts.**

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\*Additional sheets may be added as necessary.

**SCHEDULE 4(A)  
PROFESSIONAL SERVICES ACTIVITY REPORT**

<b>Application #:</b>	<b>Reporting Period:</b>	<b>Date of Report:</b>
<b>PRIME CONSULTANT INFORMATION</b>		
Name		
Address		
City/State/Zip		
Contact Name		
Telephone/Fax #		
E-Mail Address		
<b>CONTRACT INFORMATION</b>		
Contract Name		
Contract Term		
Original Contract Amount		
Total Contract Amount including all Change Orders, Tasks & Amendments		
Total Percentage Performed by Prime		
Is the Prime a DBE Firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Percentage Performed by Subs		
Total Number of Subs		
Total Number of DBE Subs		
Service Type	<input type="checkbox"/> Architectural <input type="checkbox"/> Engineering <input type="checkbox"/> Planning <input type="checkbox"/> Other _____ <small>(Please Specify)</small>	
Have Subcontractors completed work for this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the form below.	
<b>DBE SUBCONTRACTOR INFORMATION</b>		
DBE Firm Name		
Address/Telephone		
Estimated Start Time		
Percentage/Hours Completed		
Scope of Work		
Contract Amount		
Amount Paid to Date		
DBE Firm Name		
Address/Telephone		
Estimated Start Time		
Percentage/Hours Completed		
Scope of Work		
Contract Amount		
Amount Paid to Date		
DBE Firm Name		
Address/Telephone		
Estimated Start Time		
Percentage/Hours Completed		
Scope of Work		
Contract Amount		
Amount Paid to Date		

I certify that the information in this report is true and correct to the best of my knowledge that the payment(s) made to the above-referenced DBE firm(s) was for work actually performed by the DBE firm(s):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name/Title

\*Additional sheets may be attached as necessary.

**SCHEDULE 5(A)  
DBE PAYMENT CERTIFICATION**

The Prime Contractor/Consultant ("Prime") shall submit Schedule 5 with its payment request to Palm Beach County reflecting the actual payments made to the DBE Firm.<sup>1</sup> The Prime shall not request signature from a DBE Firm unless it has made payment to the DBE Firm. The DBE Firm shall not complete and sign this form unless it has received payment from the Prime for work actually performed by the DBE Firm.

This is to certify that \_\_\_\_\_ received  
DBE Firm's Name

payment of \$ \_\_\_\_\_ from \_\_\_\_\_ on \_\_\_\_\_  
Amount Prime Contractor/Consultant Name Date

For labor and/or materials used on \_\_\_\_\_ / \_\_\_\_\_  
Project Name Work Order (if applicable)

Dept.: \_\_\_\_\_ Project No.: \_\_\_\_\_

If the DBE Firm intends to disburse any funds associated with this payment to any subcontractor for labor on this project, please provide the following information:

Subcontractor Name: \_\_\_\_\_ Amount to be paid: \$ \_\_\_\_\_  Non-DBE  
 DBE Certified

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

\_\_\_\_\_  
Print Name/Title of person executing  
on behalf of DBE Firm

State of Florida  
County of \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary

Personally Known OR  Produced Identification Type of Identification \_\_\_\_\_

<sup>1</sup> This form must be completed for all payments to DBE Firms, including the Prime, material suppliers and manufacturers.

**SCHEDULE 6(A)  
RESPONDENT AND SUBCONTRACTOR'S INFORMATION  
(Professional Services)**

LOI/SOQ Project Description: \_\_\_\_\_

Date: \_\_\_\_\_

Respondent' Name: \_\_\_\_\_

In accordance with 49 CFR Part 26.11(c), the Respondent shall complete and submit this form with the LOI/SOQ response. The form shall include the information requested for the Respondent and for all subcontractors anticipated to participate in the Project.

Name of Respondent or Subcontractor	Address	DBE Status (Check Applicable Box)	Age of Firm	Type(s) of Work	Annual Gross Receipts (Check Applicable Box)
		<input type="checkbox"/> DBE <input type="checkbox"/> Non DBE			<input type="checkbox"/> Less than \$500,000 <input type="checkbox"/> \$500,000-\$1 Million <input type="checkbox"/> \$1 Million - \$2 Million <input type="checkbox"/> \$2 Million - \$5 Million <input type="checkbox"/> \$5 Million and above
		<input type="checkbox"/> DBE <input type="checkbox"/> Non DBE			<input type="checkbox"/> Less than \$500,000 <input type="checkbox"/> \$500,000-\$1 Million <input type="checkbox"/> \$1 Million - \$2 Million <input type="checkbox"/> \$2 Million - \$5 Million <input type="checkbox"/> \$5 Million and above
		<input type="checkbox"/> DBE <input type="checkbox"/> Non DBE			<input type="checkbox"/> Less than \$500,000 <input type="checkbox"/> \$500,000-\$1 Million <input type="checkbox"/> \$1 Million - \$2 Million <input type="checkbox"/> \$2 Million - \$5 Million <input type="checkbox"/> \$5 Million and above
		<input type="checkbox"/> DBE <input type="checkbox"/> Non DBE			<input type="checkbox"/> Less than \$500,000 <input type="checkbox"/> \$500,000-\$1 Million <input type="checkbox"/> \$1 Million - \$2 Million <input type="checkbox"/> \$2 Million - \$5 Million <input type="checkbox"/> \$5 Million and above
		<input type="checkbox"/> DBE <input type="checkbox"/> Non DBE			<input type="checkbox"/> Less than \$500,000 <input type="checkbox"/> \$500,000-\$1 Million <input type="checkbox"/> \$1 Million - \$2 Million <input type="checkbox"/> \$2 Million - \$5 Million <input type="checkbox"/> \$5 Million and above

\*Attach additional sheets as necessary.

# **EXAMPLE COMPLETED DBE SCHEDULES**



**SCHEDULE 1(A)  
LIST OF PROPOSED DBE FIRMS  
(Professional Services)**

LOI/SOQ Project Description: Baggage Handling System at the Palm Beach International Airport

Name of Respondent: Prime Contractor Company Change Order/Task/Amendment No. (if applicable): N/A

Contact Person: John Smith E-mail Address: JSmith@primecontractor.com

Address: 123 Prime Contractor Road, Anywhere, FL 33333 Phone No.: 111-111-1111 Fax No: 222-222-2222

Name, Address & Phone No. of DBE Firm	Description of Type of Work	Classification (Check applicable box)	Percentage of DBE Participation			
			Black	Hispanic	Women	Other (Please Specify)
ABC DBE Firm 123 Airport Road Anywhere, FL 33333 555-555-5555	Engineering Services	<input type="checkbox"/> Prime Consultant <input checked="" type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Manufacturer	10%	%	%	%
123 DBE Firm 222 Airport Road Anywhere, FL 33333 555-555-5555	Architectural Services	<input type="checkbox"/> Prime Consultant <input checked="" type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Manufacturer	%	15%	%	%
		<input type="checkbox"/> Prime Consultant <input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier <input type="checkbox"/> Manufacturer	%	%	%	%

**Total Percentage of DBE Participation: 25%**

- Notes:**
- The percentages listed on this form for each DBE Firm must be supported by the percentages included on Schedule 2(A), "Letter of Intent to Perform as a Disadvantaged Business Enterprise", in order to be counted toward attainment of the DBE goal.
  - Firms identified on this form must be certified as a DBE by the State of Florida's Unified Certification Program. Certification status can be verified on the Florida Department of Transportation's Biznet website at <https://www3.dot.state.fl.us/EqualOpportunityOffice/biznet/mainmenu.asp>.
  - If materials or supplies are proposed to be purchased from a DBE regular dealer, the undersigned acknowledges that only sixty percent (60%) of the proposed expenditure will be counted toward attainment of the DBE goal.

By signing this form the undersigned Respondent is committing to utilize the above referenced DBE Firms on the Project and that the Respondent will monitor the DBE Firms to ensure that the work is actually performed by the by the DBE Firms.

By: John Smith Date: 11-29-11  
 Signature  
John Smith, President  
 Print Name/Title of Person Executing on Behalf of the Respondent

**Comment [Ib1]:** This category is for non-minority women.

**Comment [Ib2]:** Include percentage of the total dollar amount work to be performed by the **individual** DBE firms in the appropriate column. Select the individual column based upon the race/gender of the majority disadvantaged owner. In this example, ABC DBE firm is 51% owned by Black Americans.

The DBE percentage is based on the total dollar value of the contract. In this example, assume the total value of the contract is \$100,000 dollars. ABC DBE Firm would be expected to be subcontracted \$10,000 of the work.

**Comment [Ib3]:** Include the percentage of the total dollar amount of work to be performed by **ALL** DBE firms listed in above.

**Comment [Ib4]:** The form should be signed by the Prime Contractor/Consultant.





**SCHEDULE 3(A)**  
**DEMONSTRATION OF GOOD FAITH EFFORTS TO ACHIEVE DBE GOAL**  
**(Professional Services)**

LOI/SOQ Project Description: Baggage Handling System at PBIA

Date: 11-29-11

Respondent's Name: Prime Contractor Company

The undersigned Respondent intends to satisfy the requirements of the Professional Services Contract related to Disadvantaged Business Enterprise (DBE) utilization in the following manner (Check blank below):

The Respondent will has committed to a minimum of 25 %<sup>1</sup> DBE utilization on this Project. (Complete blank – if the percentage will equal or exceed the DBE goal.)

If unable to meet the DBE goal of 12 %, the Respondent has committed to a minimum of    %<sup>1</sup> DBE utilization on this Project and will demonstrate its good faith efforts to achieve the DBE goal. (Complete blank – if percentage is less than the DBE goal.)

**Comment [1b1]:** In this example, the DBE participation goal is 12%. The proposed DBE participation by Prime Contractor Company exceeds the 12% DBE participation goal.

**Comment [1b2]:** If the percentage of DBE participation is less than the 12% DBE participation goal, complete this blank. The Prime Contractor/Consultant **must** complete the remainder of the form, demonstrating its good faith efforts to achieve the DBE participation goal.

By: John Smith  
Signature

Print Name/Title: John Smith, President

<sup>1</sup> The percentages committed to on this form must be supported by the percentages listed on Schedules 1(A) and 2(A).

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**THE REMAINDER OF THIS FORM MUST BE COMPLETED IF THE RESPONDENT HAS BEEN UNABLE TO ACHIEVE THE DBE GOAL.**

The Respondent must demonstrate that it has made good faith efforts to achieve participation with DBE firms. This requires that the Respondent show that it took all necessary and reasonable steps to secure participation by certified DBE firms. Mere pro forma efforts will not be considered as a good faith effort. In addition, the ability or desire of the Respondent to perform the work with its own organization does not relieve the Respondent of the responsibility to make good faith efforts. Actions constituting evidence of good faith efforts are described in Appendix A to 49 CFR Part 26. Such actions may include, but are not limited to, the actions identified in this form. The following list is not intended to be exclusive or exhaustive; however, failure to provide the requested information, at a minimum, shall result in your reponse being determined nonresponsive to the DBE requirements.

**1. Attendance at Pre-solicitation Conference, if held:**

Yes     No     Not held

**2. Indicate Methods Utilized to Solicit DBE Firms (Check where applicable):**

Advertising\*

Name of Publication	Publication Date(s)

\*Attach copies of all advertisements.

\_\_\_\_\_ Contacting known DBE firms

List names of all DBE Firms contacted	Telephone No. of DBE Firm	Date Contacted	Indicate how the DBE firm was solicited (i.e., via correspondence, fax, e-mail, telephone, etc....)

\*Include copies of solicitation letter(s). DBE firms should be provided a sufficient period of time to allow them to respond to the solicitation.

Information that may be included in solicitation letters, includes, but is not limited to:

- Project specific information
- Your wiliness to assist with supply purchases
- Bonding requirements of your company
- Any assistance your company provides to satisfy bonding requirements, lines of credit and insurance
- Availability of specifications and plans through your office
- The best time to reach you by telephone
- LOI/SOQ information
- Your requirements, time frames, and payment schedules
- Identification of specific subcontracting opportunities

\_\_\_\_\_ Utilizing services of available minority/women community organizations; minority/women contractor's groups; local, state and federal minority/women business assistance offices; and other organizations that provide assistance in the recruitment and placement of minority/women business enterprises.

Organizations Contacted	Name of Person Contacted	Date Contacted	Phone Number of Person Contacted

3. **Selecting portions of the work to be performed by DBE firms can increase the likelihood that the DBE goal will be achieved. This includes, where appropriate, breaking portions of the work into economically feasible units to facilitate DBE participation. Detail specific subcontracting categories made available to DBE firms for this Project and a list of the DBE firms made aware of the opportunities.**

Subcontracting Category	Name of DBE Firm

4. **List all DBE firms who provided a quote for this Project and the percentage quoted. Identify the successful subcontractor (if not the DBE firm providing the quote) and the successful subcontractor's quote.**

Name of DBE Firm	DBE Firm's Quote	Name of non-DBE Subcontractor Selected	Non-DBE Subcontractor's Quote

Provided a detailed statement why the DBE firm's quote was not accepted. It should be noted that the fact that there may be additional costs involved in finding and using DBE firms is not in itself a sufficient reason for the Respondent's failure to meet the DBE goal, as long as the costs are reasonable.

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**5. List all DBE firms that the Respondent provided assistance to in reviewing the Project Requirements.**

Name of DBE Firm	Nature of Assistance

**6. List all interested DBE firms that the Respondent offered to assist in obtaining required bonds, lines of credit or insurance, if such assistance was necessary.**

Name of DBE Firm	Nature of Assistance

**7. Detail the efforts the Respondent took to follow up with DBE firms following initial solicitation.**

Name of DBE Firm	Description of Efforts

8. Provide a list of DBE subcontractors that the Respondent deemed unqualified and an explanation for the conclusion reached.

Name of DBE Firm	Explanation

9. For those DBE subcontractors contacted but determined to be unavailable, provide either:

a) A signed letter from the DBE firm stating that they are unavailable;

or

b) A statement from the Respondent that the DBE firm refused to submit a letter after reasonable requests.

10. List any Palm Beach County projects the Respondent has performed within the last six (6) months, the DBE subcontractors utilized and the dollar value of the DBE firm's subcontract.

List of Projects	DBE Firms Utilized	Dollar Value

11. Provide a detailed statement why the DBE goal could not be achieved.

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12. Describe in detail any additional efforts or circumstances that may assist the County in determining good faith efforts.

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\*Additional sheets may be added as necessary.

EXAMPLE ONLY

**SCHEDULE 4(A)  
PROFESSIONAL SERVICES ACTIVITY REPORT**

<b>Application #: 1</b>		<b>Reporting Period: 11/2011</b>	<b>Date of Report: 12-15-11</b>
<b>PRIME CONSULTANT INFORMATION</b>			
Name	Prime Contractor Company		
Address	123 Prime Contractor Road		
City/State/Zip	Anywhere, FL 33333		
Contact Name	John Smith		
Telephone/Fax #	111-111-1111/222-222-2222		
E-Mail Address			
<b>CONTRACT INFORMATION</b>			
Contract Name	Baggage Handling System at PBI		
Contract Term	3 years		
Original Contract Amount	\$100,000		
Total Contract Amount including all Change Orders, Tasks & Amendments	\$100,000		
Total Percentage Performed by Prime	70%		
Is the Prime a DBE Firm?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total Percentage Performed by Subs	25%		
Total Number of Subs	3		
Total Number of DBE Subs	2		
Service Type	<input checked="" type="checkbox"/> Architectural <input checked="" type="checkbox"/> Engineering <input type="checkbox"/> Planning <input type="checkbox"/> Other <span style="float: right;">(Please Specify)</span>		
Have Subcontractors completed work for this application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please complete the form below.		
<b>DBE SUBCONTRACTOR INFORMATION</b>			
DBE Firm Name	ABC DBE Firm		
Address/Telephone	123 Airport Road, Anywhere, FL 33333		
Estimated Start Time	11-30-11		
Percentage/Hours Completed	10%/5 hours		
Scope of Work	Engineering Services		
Contract Amount	\$10,000.00		
Amount Paid to Date	\$1,000.00		
DBE Firm Name	123 DBE Firm		
Address/Telephone	222 Airport Road		
Estimated Start Time	12-1-11		
Percentage/Hours Completed	5%/2 hours		
Scope of Work	Architectural Services		
Contract Amount	\$15,000.00		
Amount Paid to Date	\$750.00		
DBE Firm Name			
Address/Telephone			
Estimated Start Time			
Percentage/Hours Completed			
Scope of Work			
Contract Amount			
Amount Paid to Date			

I certify that the information in this report is true and correct to the best of my knowledge that the payment(s) made to the above-referenced DBE firm(s) was for work actually performed by the DBE firm(s):

John Smith  
Signature

John Smith, President  
Print Name/Title

\*Additional sheets may be attached as necessary.

**SCHEDULE 5(A)  
DBE PAYMENT CERTIFICATION**

The Prime Contractor/Consultant ("Prime") shall submit Schedule 5 with its payment request to Palm Beach County reflecting the actual payments made to the DBE Firm.<sup>1</sup> The Prime shall not request signature from a DBE Firm unless it has made payment to the DBE Firm. The DBE Firm shall not complete and sign this form unless it has received payment from the Prime for work actually performed by the DBE Firm.

This is to certify that ABC DBE Firm received  
DBE Firm's Name

payment of \$1000.00 from Prime Contractor Company on 12-5-11  
Amount Prime Contractor/Consultant Name Date

For labor and/or materials used on Baggage Handling System at PBIA/ NA  
Project Name Work Order (if applicable)

Dept.: Airports Project No.: PB-01-01

If the DBE Firm intends to disburse any funds associated with this payment to any subcontractor for labor on this project, please provide the following information:

Subcontractor Name: \_\_\_\_\_ Amount to be paid: \$ \_\_\_\_\_  Non-DBE  
 DBE Certified

By: Joe Rogers  
Signature

Joe Rogers, President  
Print Name/Title of person executing on behalf of DBE Firm

State of Florida  
County of Palm Beach

Sworn and subscribed before me this 5th day of December, 2011

By: Joe Rogers

Jane Doe  
Notary Public, State of Florida  
Jane Doe  
Print, Type or Stamp Commissioned Name of Notary

\*\*\*Notary Stamp\*\*\*

Personally Known OR  Produced Identification Type of Identification Driver's License

<sup>1</sup> This form must be completed for all payments to DBE Firms, including the Prime, material suppliers and manufacturers.

**SCHEDULE 5(A)  
DBE PAYMENT CERTIFICATION**

The Prime Contractor/Consultant ("Prime") shall submit Schedule 5 with its payment request to Palm Beach County reflecting the actual payments made to the DBE Firm.<sup>1</sup> The Prime shall not request signature from a DBE Firm unless it has made payment to the DBE Firm. The DBE Firm shall not complete and sign this form unless it has received payment from the Prime for work actually performed by the DBE Firm.

This is to certify that 123 DBE Firm received  
DBE Firm's Name

payment of \$750.00 from Prime Contractor Company on 12-5-11  
Amount Prime Contractor/Consultant Name Date

For labor and/or materials used on Baggage Handling System at PBIA/ NA  
Project Name Work Order (if applicable)

Dept.: Airports Project No.: PB-01-01

If the DBE Firm intends to disburse any funds associated with this payment to any subcontractor for labor on this project, please provide the following information:

Subcontractor Name: \_\_\_\_\_ Amount to be paid: \$ \_\_\_\_\_  Non-DBE  
 DBE Certified

By: Nancy Gonzales  
Signature

Nancy Gonzales, President  
Print Name/Title of person executing  
on behalf of DBE Firm

State of Florida  
County of Palm Beach

Sworn and subscribed before me this 5th day of December, 2011

By: Nancy Gonzales

Jane Doe  
Notary Public, State of Florida  
Jane Doe  
Print, Type or Stamp Commissioned Name of Notary

\*\*\*Notary Stamp\*\*\*

Personally Known OR  Produced Identification Type of Identification Driver's License

<sup>1</sup> This form must be completed for all payments to DBE Firms, including the Prime, material suppliers and manufacturers.

**SCHEDULE 6(A)  
RESPONDENT AND SUBCONTRACTOR'S INFORMATION  
(Professional Services)**

LOI/SOQ Project Description: Baggage Handling System at the Palm Beach International Airport

Date: 11-29-11

Respondent' Name: Prime Contractor Company

In accordance with 49 CFR Part 26.11(c), the Respondent shall complete and submit this form with the LOI/SOQ response. The form shall include the information requested for the Respondent and for all subcontractors anticipated to participate in the Project.

Name of Respondent or Subcontractor	Address	DBE Status (Check Applicable Box)	Age of Firm	Type(s) of Work	Annual Gross Receipts (Check Applicable Box)
Prime Contractor Company	123 Prime Contractor Rd Anywhere, FL 33333	<input type="checkbox"/> DBE <input checked="" type="checkbox"/> Non DBE	10 yrs.	Engineering Services	<input type="checkbox"/> Less than \$500,000 <input type="checkbox"/> \$500,000-\$1 Million <input type="checkbox"/> \$1 Million - \$2 Million <input type="checkbox"/> \$2 Million - \$5 Million <input checked="" type="checkbox"/> \$5 Million and above
ABC DBE Firm	123 Airport Rd Anywhere, FL 33333	<input checked="" type="checkbox"/> DBE <input type="checkbox"/> Non DBE	5 yrs.	Engineering Services	<input type="checkbox"/> Less than \$500,000 <input type="checkbox"/> \$500,000-\$1 Million <input checked="" type="checkbox"/> \$1 Million - \$2 Million <input type="checkbox"/> \$2 Million - \$5 Million <input type="checkbox"/> \$5 Million and above
123 DBE Firm	222 Airport Rd Anywhere, FL 33333	<input checked="" type="checkbox"/> DBE <input type="checkbox"/> Non DBE	5 mo.	Architectural Services	<input type="checkbox"/> Less than \$500,000 <input checked="" type="checkbox"/> \$500,000-\$1 Million <input type="checkbox"/> \$1 Million - \$2 Million <input type="checkbox"/> \$2 Million - \$5 Million <input type="checkbox"/> \$5 Million and above
456 Subcontractor Company	1212 Airport Road Anywhere, FL 33333	<input type="checkbox"/> DBE <input checked="" type="checkbox"/> Non DBE	1 yr.	Electrical Contractor	<input checked="" type="checkbox"/> Less than \$500,000 <input type="checkbox"/> \$500,000-\$1 Million <input type="checkbox"/> \$1 Million - \$2 Million <input type="checkbox"/> \$2 Million - \$5 Million <input type="checkbox"/> \$5 Million and above
		<input type="checkbox"/> DBE <input type="checkbox"/> Non DBE			<input type="checkbox"/> Less than \$500,000 <input type="checkbox"/> \$500,000-\$1 Million <input type="checkbox"/> \$1 Million - \$2 Million <input type="checkbox"/> \$2 Million - \$5 Million <input type="checkbox"/> \$5 Million and above

\*Attach additional sheets as necessary.