



SCHEDULE D
 Compliance Plan Regarding DBE Utilization
Affidavit of Prime Contractor

**FOR
 CONSTRUCTION
 PROJECTS ONLY**

MUST BE SUBMITTED WITH THE BID. FAILURE TO SUBMIT THE SCHEDULE D WILL CAUSE THE BID TO BE REJECTED. DUPLICATE AS NEEDED.

Project Name: _____

Department Project No.: _____

Specification No.: _____

In connection with the above captioned contract, I HEREBY DECLARE AND AFFIRM that I am the

_____ and a duly authorized representative of
 (Title of Affiant)

_____ (Name of Prime Contractor)

and that I have personally reviewed the material and facts set forth in and submitted with the attached Disadvantaged Business Enterprise certification forms, Schedule Cs, Joint Venture Agreement, and Schedule B (if applicable). DBE credit will not be given for work subcontracted to non-DBE contractors, except for as allowed in the Special Conditions Regarding Disadvantaged Business Enterprise Commitment in Construction Contracts.

Name of DBE Firms	Type of Work to be Performed in accordance with Schedule Cs	DBE Participation in dollars and percentage
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total DBE Participation % _____
Total DBE Participation: \$ _____

The Prime Contractor designates the following person as its DBE Liaison Officer:

(Name-Please Print or Type)

(Phone)

I DO SOLEMNLY DECLARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, THAT NO MATERIAL FACTS HAVE BEEN OMITTED, AND THAT I AM AUTHORIZED ON BEHALF OF THE PRIME CONTRACTOR TO MAKE THIS AFFIDAVIT.

(Name of Prime Contractor – Print or Type)

State of: _____

(Signature)

County of: _____

(Name/Title of Affiant – Print or Type)

(Date)

On this ____ day of _____, 20____, the above signed officer _____
(Name of Affiant)

personally appeared and, known by me to be the person described in the foregoing Affidavit, acknowledged that (s)he executed the same in the capacity stated therein and for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and seal.

(Notary Public Signature)

SEAL:

Commission Expires: _____