

- Original Contract
- Modification

**MaineDOT CONSULTANT'S DBE/SUBCONSULTANT
PROPOSED UTILIZATION FORM**

**Must be provided by the Consultant as an attachment to Technical Proposals for New Contracts
and Contract Modifications**

Consultant Firm: _____

DBE: Yes No

Contact Person: _____

Tele: _____ Fax: _____

E-mail: _____

Contract/Modification Amount: _____

Date of Execution: _____
(For Department Use Only)

Federal Project PIN # _____

Project Location: _____

TOTAL ANTICIPATED DBE _____ % PARTICIPATION FOR THIS CONTRACT

W B E •	D B E •	Non DBE	Firm Name	Description of Work	Anticipated \$ Value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Subconsultant Total >					
DBE Total >					

**Note: this information is used to track and report anticipated dbe participation in all federally funded maine dot contracts. The anticipated DBE amount is voluntary and will not become a part of the contractual terms.*

(MAINEDOT INTERNAL USE ONLY)

Form received: ___/___/___ Verified by: _____
Civil Rights Office Representative

FHWA FTA FAA

**For a complete list of certified firms and company designation (WBE/DBE) go to
<http://www.maine.gov/mdot/civilrights/dbe/>**