



Disadvantage Business Enterprise (DBE) Subcontractor Verification Form

Prime Contractor Company Name: _____

Contract Name/Number: _____

Contract Bid Amount: \$ _____

Note to prime contractor: You are required to complete this form listing each DBE (MBE or WBE) subcontractor to be employed in work eligible for the Drinking Water State Revolving Fund within the table below. Please submit an original of this completed form, along with each subcontractor's current, valid DBE certificate, to the municipality within 14 days of bid opening.

Name of proposed subcontractor/vendor	Type (MBE or WBE)	Type of Product or Service * (see below)	Contact Name, Address, Phone # of Subcontractor or Vendor	Dollar amount of proposed subcontract	MBE % of Contract towards goal	WBE % of Contract towards goal
* Type of Product or Service:		1 - Construction	2 - Supplies	3 - Services	4 - Equipment	

The completion and submission of this form does not constitute a contractual agreement between the general contractor and the named subcontractor, but is solely for documenting proposed compliance with DBE participation under the Department of Public Health's (DPH) Drinking Water State Revolving Fund (DWSRF).

Prime Contractor Authorized Signature

Date