



Disadvantage Business Enterprise (DBE) Subcontractor Verification Form

Prime Contractor Company Name: _____

Contract Name/Number: _____

Contract Award 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. In the event that this form is not submitted with the bid application, the bid could be rendered nonresponsive and rejected.

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	Dollar Amount contributing toward MBE/WBE goal†	MBE % of Contract towards goal	WBE % of Contract towards goal
* Type of Product or Service:		1 - Construction	2 - Supplies	3 - Services	4 - Equipment		

† *Supplier is defined as follows: A supplier is a business which acts as a distributor of materials or equipment and which provides a commercially useful function when such activity is traditional in the industry manufacturing the material or equipment supplied. Suppliers will receive 25% credit for providing supplies and receive 100% for manufacturing or fabrication of supply items. Haulers will receive 100% credit if they provide the material that is hauled. Commercially useful function will normally include:*

- 1. Providing Technical Assistance to the purchaser prior to the purchase, during installation and after the supplies or equipment are placed in service;*
- 2. Manufacturing or being first tier below manufacturer of the supplies or equipment supplied;*
- 3. Providing Functions other than just accepting and referring request for supplies or equipment to another party for direct shipment to a contractor.*

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). Should another subcontractor be substituted in place of the firm named above, both the municipality and the DPH (Drinking Water Section – DWSRF Unit, 410 Capitol Ave, MS#51WAT, PO Box 340308, Hartford, CT 06134-0308) should be notified in writing within three (3) business days of the change, and a copy of this form must be completed for the replacement subcontractor. The DBE percentages shall be maintained or exceeded in the event of one subcontractor being substituted for another.

Prime Contractor Authorized Signature: _____ Date: _____