



Disadvantage Business Enterprise (DBE)

Subcontractor Verification Form

Prime Contractor Company Name: _____

Contract Name/Number: _____

Contract Award Amount: \$ _____

Note to prime contractor: Within fourteen (14) calendar days after bid opening, complete and submit this Subcontractor Verification Form to the municipality along with the corresponding DBE certification for each subcontractor.

Subcontractor Name	Address/Phone/E-mail	Dollar Amount	MBE %	WBE %
Totals:				

The completion and submission of this form does not constitute a contractual agreement between the prime contractor and the named subcontractor, but is solely for documenting proposed compliance with DBE participation under the DEEP's Clean Water Fund (CWF).

Prime Contractor Authorized Signature: _____ Date: _____