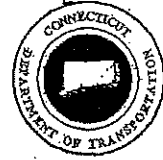


STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION



2800 BERLIN TURNPIKE, P.O. BOX 317546
NEWINGTON, CONNECTICUT 06131-7546

Disadvantage Business Enterprises
as Subcontractors for Federal and/or State
Funded Projects

Project Description & Number: _____

DBE's North American Industry Classification System (NAICS) code(s): _____

PRIME CONSULTANT

Firm Name: _____

Street: _____

City/State: _____

DBE CONSULTANT

Firm Name: _____

Street: _____

City/State: _____

The following is a description of the project functions the above DBE will perform on
the subject project which represents a total dollar amount of \$ _____

The contractor is required, should there be a change in the originally named DBE's
to submit documentation to the initiating unit to substantiate and justify the change, i.e.
documentation to provide a basis for the change for review and approval by the CONNDOT officials
prior to the implementation of the change. The contractor must demonstrate that the originally
named DBE is unable to perform in conformity to specifications, unwilling to perform, is in
default of its agreement, is overextended on other jobs, etc.

We, the below signed, do hereby certify and concur with the above stated conditions.

PRIME CONSULTANT

Name: _____ Signature

Date: _____ Name Typed: _____

Title: _____

DBE CONSULTANT

Name: _____ Signature

Date: _____ Name Typed: _____

Title: _____



Request to Reduce or Eliminate Design-Related Work Assigned to Disadvantaged Business Enterprises (DBE)

Section 1 - General Information			
State Project Number(s):		DBE Goal _____ %	DBE Commitment \$ _____ %
Prime Consultant Firm Name:		Name of Contact Person:	
Contact's Phone:		Contact's Email:	
Section 2 – DBE Participation Being Eliminated or Reduced			
DBE firm being eliminated or reduced:			
Assigned work being eliminated/reduced:			
Value of DBE firm's approved commitment: \$		Value of DBE firm's work performed to date: \$	
Reason work/tasks being eliminated/reduced from this DBE:			
<p>Will the DBE goal be met if this change is approved?</p> <p><input type="checkbox"/> Yes, the goal will be met with existing participation or by increasing DBE utilization. Complete Section 3 if applicable.</p> <p><input type="checkbox"/> No, the goal will not be met. Complete Section 3 if applicable. Attach an explanation of why the goal will not be met. [Note: At the conclusion of the contract, documentation of a Good Faith Effort will be required.]</p>			
Section 3 – Substitution/Mitigation			
Identify work, not previously assigned to a DBE, now being assigned to a DBE firm(s).			
DBE Firm Name	Assignment/Tasks	Value (\$)	
Section 4 – DBE Notification and Impact of Proposed Change(s)			
Was DBE firm given 5 days' notice? (provide documentation) <input type="checkbox"/> Yes <input type="checkbox"/> No	Scenario	DBE Participation	
		\$	%
	Original agreement or assignment (at execution)		
	With reduction/elimination noted in Section 2		
With substitution/mitigation noted in Section 3			
Section 5 - Certifications of Released DBE and Prime Consultants			
By signing this form we certify that the DBE firm is releasing previously-committed (pre-award or subsequent) work			
Authorized DBE signer:	Title:	Date:	
Authorized Prime signer:	Title:	Date:	
Section 6 – Review and Action Taken (CTDOT Use only)			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (Explanation attached)			
* By:	Title:	Date:	
* Concur:	Title:	Date:	

* Action (approval/disapproval) is by division chief. Concurrence by Office of Contract Compliance is required when DBE goal will not be met ("No" is checked in Section 2)