

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
BASIC HOURLY RATES PAID BY CONTRACTOR**

Contractor: _____ Vendor No.: _____
 Project No.: _____ CONTID. No.: _____
 FHWA No.: _____ County/City of _____
 Decision No.: _____
 Report Period Ending Date: _____

List number of employees in each classification and basic hourly wage rates paid. DO NOT INCLUDE FRINGE BENEFITS. Do not show overtime rates. Include employees of all sub contractors.

23-26	(Computer Code)	27-28	30-33	34-36	37-40	41-43	44-47	48-50	51-54	55-57	58-61
0110	Asbestos Worker	@			@		@		@		@
0100	Asphalt Raker	@			@		@		@		@
2400	Blaster	@			@		@		@		@
0200	Carpenter, Structure	@			@		@		@		@
0300	Carpenter, Structure Helper	@			@		@		@		@
0400	Concrete Finisher	@			@		@		@		@
0500	Concrete, Finisher Helper	@			@		@		@		@
1510	Construction Worker I (Skilled Laborer)	@			@		@		@		@
1500	Construction Worker II (Laborer)	@			@		@		@		@
0550	Deckhand	@			@		@		@		@
0600	Electrician	@			@		@		@		@
0625	Electrician Helper	@			@		@		@		@
0800	Flaggers	@			@		@		@		@
1000	Fence Erector	@			@		@		@		@
0900	Form Setter	@			@		@		@		@
7200	Grade Checker	@			@		@		@		@
1010	Guardrail Erector	@			@		@		@		@
1600	Landscape Worker	@			@		@		@		@
1700	Mason, Structure	@			@		@		@		@
1800	Mechanic	@			@		@		@		@
4500	Oiler, Greaser	@			@		@		@		@

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
BASIC HOURLY RATES PAID BY CONTRACTOR

Project No.: _____ Contractor: _____

23-26	(Computer Code)	27-28	30-33	34-36	37-40	41-43	44-47	48-50	51-54	55-57	58-61
2000	Painter	@		@		@		@		@	
2100	Painter, Helper	@		@		@		@		@	
2200	Pile Driver, Leadsman	@		@		@		@		@	
2300	Pipe Layer	@		@		@		@		@	
2310	Plumber	@		@		@		@		@	
2320	Plumber, Helper	@		@		@		@		@	
1100	Reinforcing Metal Worker	@		@		@		@		@	
1200	Reinforcing Metal Worker Helper	@		@		@		@		@	
2550	Sheet Metal Worker	@		@		@		@		@	
2500	Sign Erector	@		@		@		@		@	
1300	Structural Worker	@		@		@		@		@	
1400	Structural Worker Helper	@		@		@		@		@	
8000	Traffic Signal Installer/ Maintenance	@		@		@		@		@	
8010	Traffic Signal Installer/ Maintenance Helper	@		@		@		@		@	
0425	Waterproofer	@		@		@		@		@	
6600	Welder	@		@		@		@		@	
6610	Welder, Certified	@		@		@		@		@	
2700	Air Compressor Operator	@		@		@		@		@	
2800	Asphalt Distributor Operator	@		@		@		@		@	
2900	Asphalt Paver Operator	@		@		@		@		@	
3000	Backhoe Operator	@		@		@		@		@	
3100	Bulldozer Operator	@		@		@		@		@	
3200	Bulldozer Operator (Utility)	@		@		@		@		@	
3300	Concrete Finish Machine Screed Operator (Bridge)	@		@		@		@		@	
3500	Concrete Paving Machine Operator	@		@		@		@		@	

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
BASIC HOURLY RATES PAID BY CONTRACTOR

Project No.: _____ Contractor: _____

23-28	(Computer Code)	27-28	30-33	34-36	37-40	41-43	44-47	48-50	51-54	55-57	58-61
3400	Concrete Finish Machine Operator	@		@		@		@		@	
3550	Concrete Pump Operator	@		@		@		@		@	
6700	Concrete Saw Operator	@		@		@		@		@	
3600	Crane, Derrick, Dragline Operator (1-cm & under)	@		@		@		@		@	
3700	Crane, Derrick, Dragline Operator (over 1-cm)	@		@		@		@		@	
3800	Crusher tender Operator	@		@		@		@		@	
3900	Drill Operator	@		@		@		@		@	
6800	Excavator Operator (Gradall Operator)	@		@		@		@		@	
4100	Front End Loader Operator (2-cm & under)	@		@		@		@		@	
4200	Front End Loader Operator (over 2-cm)	@		@		@		@		@	
4210	Fuel & Lubricant Service Truck Driver	@		@		@		@		@	
6900	Hydro-Seeder Operator	@		@		@		@		@	
6910	Log Skidder Operator	@		@		@		@		@	
6920	Mobile Mixer Operator	@		@		@		@		@	
4300	Motor Grader Operator (Fine Grade)	@		@		@		@		@	
4400	Motor Grader Operator (Rough Grade)	@		@		@		@		@	
4050	Pavement Marking Truck Operator	@		@		@		@		@	
4060	Pavement Marking Operator	@		@		@		@		@	
2910	Pavement Planing Groundman	@		@		@		@		@	
2905	Pavement Planing Operator	@		@		@		@		@	
4600	Pile Driver Operator	@		@		@		@		@	
4610	Pipe Boring /Jacking Machine Operator	@		@		@		@		@	
4620	Boom /Auger Operator	@		@		@		@		@	

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
BASIC HOURLY RATES PAID BY CONTRACTOR**

Project No.: _____ Contractor: _____

23-26	(Computer Code)	27-28	30-33	34-36	37-40	41-43	44-47	48-50	51-54	55-57	58-61
4700	Plant Operator	@			@		@		@		@
4800	Power Tool Operator	@			@		@		@		@
4900	Roller Operator (Rough)	@			@		@		@		@
5000	Roller Operator (Finish)	@			@		@		@		@
5100	Scraper Pan Operator	@			@		@		@		@
5110	Shot Blast Machine Operator	@			@		@		@		@
5200	Shovel Operator (2-yd & under)	@			@		@		@		@
5300	Shovel Operator (over 2-yd)	@			@		@		@		@
5325	Slip-Form Paver Operator	@			@		@		@		@
5350	Slurry Seal Paver Machine Operator	@			@		@		@		@
5375	Slurry Seal Paver Truck Operator	@			@		@		@		@
5400	Stabilizer Operator	@			@		@		@		@
5500	Stone-Spreader Operator	@			@		@		@		@
5600	Subgrade Machine Operator	@			@		@		@		@
5700	Tractor Operator (Crawlers)	@			@		@		@		@
5900	Transit Mix Truck Driver	@			@		@		@		@
6000	Trenching Machine Operator	@			@		@		@		@
6100	Truck Driver Heavy Duty (over 7 c.y.)	@			@		@		@		@
6200	Truck Driver Heavy duty (7 c.y. & under)	@			@		@		@		@
6300	Truck Driver (Multi-Rear Axle)	@			@		@		@		@
6310	Truck Driver (Tandem Rear Axle)	@			@		@		@		@
6400	Truck driver (Single rear Axle)	@			@		@		@		@
6410	Vacuum Machine Operator	@			@		@		@		@

I certify that the above information is correct and corresponds with payroll records for this project for the period

Signed: _____
(Contractor Representative Signature)

Date _____

This report is to be submitted every 90 days covering all employees working during that period.

For Departmental Use Only

Number and Rates Reviewed by: _____
(Name)

(Title)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
DBE GOOD FAITH EFFORTS DOCUMENTATION

--DO NOT DETACH--

**THIS INFORMATION MUST BE SUBMITTED
WITH YOUR BID PROPOSAL IF YOUR BID DOES
NOT MEET THE PROJECT DBE REQUIREMENTS,
OR
WHEN REQUESTED BY VDOT**

CONTRACT I.D. NUMBER _____

PROJECT NUMBER _____

FHWA NUMBER _____

DISTRICT _____

DATE BID SUBMITTED _____

BIDDER'S NAME _____

SIGNATURE _____

TITLE _____

VENDOR NUMBER _____

DBE GOAL FROM BID PROPOSAL _____

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
DBE GOOD FAITH EFFORTS DOCUMENTATION

CONTRACT I.D. NO. _____ DATE SUBMITTED _____

IF THE DBE GOAL ESTABLISHED FOR THIS CONTRACT HAS NOT BEEN MET OR VDOT REQUESTS THE SUBMITTAL THEREOF, THE BIDDER IS REQUIRED TO SUBMIT GOOD FAITH EFFORTS AS OUTLINED IN THIS DOCUMENT.

THE BIDDER ACKNOWLEDGES AND CERTIFIES THAT THIS FORM ACCURATELY REPRESENTS THE INFORMATION CONTAINED HEREIN.

BIDDER _____ SIGNATURE _____

TITLE _____

NAMES OF CERTIFIED DBEs AND THE DATES ON WHICH THEY WERE SOLICITED TO BID ON THIS PROJECT

INCLUDE THE ITEMS OF WORK OFFERED AND THE DATES AND METHODS USED FOR FOLLOWING UP INITIAL SOLICITATIONS TO DETERMINE WHETHER OR NOT DBEs WERE INTERESTED.

NAMES AND VENDOR NUMBERS OF DBEs SOLICITED	DATE OF INITIAL SOLICITATION	ITEM(S) OF WORK	FOLLOW-UP METHODS AND DATES

NOTE: ATTACH ADDITIONAL PAGES IF NECESSARY

ATTACH COPIES OF SOLICITATIONS, TELEPHONE RECORDS, FAX CONFIRMATIONS, ELECTRONIC INFORMATION, ETC.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
DBE GOOD FAITH EFFORTS DOCUMENTATION

CONTRACT I.D. NO. _____ DATE SUBMITTED _____

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THE BIDDER ACKNOWLEDGES AND CERTIFIES THAT THIS FORM ACCURATELY REPRESENTS THE INFORMATION CONTAINED HEREIN.

BIDDER _____ SIGNATURE _____

TITLE _____

TELEPHONE LOG

DBE(s) CALLED	TELEPHONE NUMBER	DATE CALLED	TIME CALLED	CONTACT PERSON OR VOICE MAIL STATUS

NOTE: ATTACH ADDITIONAL PAGES IF NECESSARY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
DBE GOOD FAITH EFFORTS DOCUMENTATION

CONTRACT I.D. NO. _____ DATE SUBMITTED _____

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THE BIDDER ACKNOWLEDGES AND CERTIFIES THAT THIS FORM ACCURATELY REPRESENTS THE INFORMATION CONTAINED HEREIN.

BIDDER _____ SIGNATURE _____

TITLE _____

ITEM(S) OF WORK THAT THE BIDDER MADE AVAILABLE TO DBE FIRMS

IDENTIFY THOSE ITEM(S) OF WORK THAT THE BIDDER MADE AVAILABLE TO DBE FIRMS OR THOSE ITEM(S) THE BIDDER IDENTIFIED AND DETERMINED TO SUBDIVIDE INTO ECONOMICALLY FEASIBLE UNITS TO FACILITATE DBE PARTICIPATION. FOR EACH ITEM LISTED, SHOW THE DOLLAR VALUE AND PERCENTAGE OF THE TOTAL CONTRACT AMOUNT. IT IS THE BIDDER'S RESPONSIBILITY TO DEMONSTRATE THAT SUFFICIENT WORK TO MEET THE GOAL WAS MADE AVAILABLE TO DBE FIRMS.

ITEM(S) OF WORK MADE AVAILABLE	BIDDER NORMALLY PERFORMS ITEM(S) (Y/N)	ITEM(S) BROKEN DOWN TO FACILITATE PARTICIPATION (Y/N)	AMOUNT IN DOLLARS	PERCENTAGE OF CONTRACT

NOTE: INFORMATION REQUIRED FOR THIS SECTION CONTINUED ON SHEET 5
ATTACH ADDITIONAL PAGES IF NECESSARY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
DBE GOOD FAITH EFFORTS DOCUMENTATION

CONTRACT I.D. NO. _____ DATE SUBMITTED _____

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BIDDER _____ SIGNATURE _____

TITLE _____

ADDITIONAL INFORMATION REGARDING ITEM(S) OF WORK THAT THE BIDDER MADE AVAILABLE TO DBE FIRMS (Continued From Sheet 4)

ITEM(S) OF WORK MADE AVAILABLE, NAMES OF SELECTED FIRMS AND DBE STATUS, DBEs THAT PROVIDED QUOTES, PRICE QUOTE FOR EACH FIRM, AND THE PRICE DIFFERENCE FOR EACH DBE IF THE SELECTED FIRM IS NOT A DBE.

ITEM(S) OF WORK MADE AVAILABLE (CONT.)	NAME OF SELECTED FIRM AND VENDOR NUMBER	DBE OR NON-DBE	NAME OF REJECTED FIRM(S)	QUOTE IN DOLLARS	PRICE DIFFERENCE IN DOLLARS

NOTE: ATTACH ADDITIONAL PAGES IF NECESSARY.

IF THE FIRM SELECTED FOR THE ITEM IS NOT A DBE, PROVIDE THE REASON(S) FOR THE SELECTION ON A SEPARATE PAGE AND ATTACH.

PROVIDE NAMES, ADDRESSES, AND TELEPHONE NUMBERS FOR THE FIRMS LISTED ABOVE.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
DBE GOOD FAITH EFFORTS DOCUMENTATION

CONTRACT I.D. NO. _____ DATE SUBMITTED _____

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THE BIDDER ACKNOWLEDGES AND CERTIFIES THAT THIS FORM ACCURATELY REPRESENTS THE INFORMATION CONTAINED HEREIN.

BIDDER _____ SIGNATURE _____

TITLE _____

ADVERTISEMENTS OR PROOFS OF PUBLICATION.

NAMES AND DATES OF EACH PUBLICATION IN WHICH A REQUEST FOR DBE PARTICIPATION FOR THE PROJECT WAS PLACED BY THE BIDDER. ATTACH COPIES OF PUBLISHED ADVERTISEMENTS OR PROOFS OF PUBLICATION.

PUBLICATIONS	DATES OF ADVERTISEMENT

NOTE: ATTACH ADDITIONAL PAGES IF NECESSARY

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
DBE GOOD FAITH EFFORTS DOCUMENTATION

CONTRACT I.D. NO. _____ DATE SUBMITTED _____

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THE BIDDER ACKNOWLEDGES AND CERTIFIES THAT THIS FORM ACCURATELY REPRESENTS THE INFORMATION CONTAINED HEREIN.

BIDDER _____ SIGNATURE _____

TITLE _____

NAMES OF AGENCIES CONTACTED TO PROVIDE ASSISTANCE

NAMES OF AGENCIES (SEE SPECIAL PROVISION FOR 107.15) AND THE DATES THESE AGENCIES WERE CONTACTED TO PROVIDE ASSISTANCE IN CONTACTING, RECRUITING, AND USING DBE FIRMS. IF THE AGENCIES WERE CONTACTED IN WRITING, ATTACH COPIES OF SUPPORTING DOCUMENTS.

NAME OF AGENCY	METHOD AND DATE OF CONTACT	RESULTS

NOTE: ATTACH ADDITIONAL PAGES IF NECESSARY.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
DBE GOOD FAITH EFFORTS DOCUMENTATION

CONTRACT I.D. NO. _____ DATE SUBMITTED _____

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THE BIDDER ACKNOWLEDGES AND CERTIFIES THAT THIS FORM ACCURATELY REPRESENTS THE INFORMATION CONTAINED HEREIN.

BIDDER _____ SIGNATURE _____

TITLE _____

TECHNICAL ASSISTANCE AND INFORMATION PROVIDED TO DBEs

EFFORTS MADE TO PROVIDE INTERESTED DBEs WITH ADEQUATE INFORMATION ABOUT THE PLANS, SPECIFICATIONS, AND REQUIREMENTS OF THE BID DOCUMENTS TO ASSIST THE DBEs IN RESPONDING TO A SOLICITATION.

IDENTIFY THE DBEs ASSISTED, THE INFORMATION PROVIDED, AND THE DATE OF CONTACT. ATTACH COPIES OF SUPPORTING DOCUMENTS.

DBEs ASSISTED	INFORMATION PROVIDED	DATE OF CONTACT

NOTE: ATTACH ADDITIONAL PAGES IF NECESSARY.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
DBE GOOD FAITH EFFORTS DOCUMENTATION

CONTRACT I.D. NO. _____ DATE SUBMITTED _____

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THE BIDDER ACKNOWLEDGES AND CERTIFIES THAT THIS FORM ACCURATELY REPRESENTS THE INFORMATION CONTAINED HEREIN.

BIDDER _____ SIGNATURE _____

TITLE _____

EFFORTS MADE TO ASSIST DBEs OBTAIN BONDING, LINES OF CREDIT, INSURANCE, ETC.

EFFORTS MADE TO PROVIDE INTERESTED DBEs IN OBTAINING BONDING, LINES OF CREDIT, INSURANCE, NECESSARY EQUIPMENT, SUPPLIES, MATERIALS, OR RELATED ASSISTANCE OR SERVICES, EXCLUDING SUPPLIES AND EQUIPMENT THE SUBCONTRACTOR PURCHASES OR LEASES FROM THE PRIME CONTRACTOR OR ITS AFFILIATES.

IDENTIFY THE DBEs ASSISTED, THE ASSISTANCE OFFERED, AND THE DATES OF SERVICES OFFERED AND PROVIDED. ATTACH COPIES OF SUPPORTING DOCUMENTS.

DBEs ASSISTED	ASSISTANCE OFFERED	DATES SERVICES OFFERED AND/OR PROVIDED

NOTE: ATTACH ADDITIONAL PAGES IF NECESSARY.

U.S. DEPARTMENT OF
LABOR
Wage and Hour and Public
Contracts Division

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
STATEMENT OF COMPLIANCE

Form Approved
Budget Bureau No. 44-R1093

Date _____

I, _____ do hereby state:
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by _____ on
(Contractor or subcontractor)

the _____ ; that during the payroll period commencing on the _____ day of _____
(Building or work)

20 _____ and ending the _____ day of _____, 20 _____, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made directly or indirectly to or on behalf of said _____

_____ from the full weekly wages earned by any person and that no deductions have been made
(Contractor or Subcontractor)

either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), Issued by the Secretary of Labor under the Copeland Act as amended (48 Stat. 948.63 Stat. 108, 72 Stat.967; 76 Stat. 357; 40 USC. 276c), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete: that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

or

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each Laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
Remarks	

Name and Title	Signature
----------------	-----------

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States code.

INSTRUCTIONS FOR PREPARATION OF STATEMENT OF COMPLIANCE

This statement of compliance meets needs resulting from the amendment of the Davis-Bacon Act to include fringe benefits provisions. Under this amended law, the contractor is required to pay fringe benefits as predetermined by the Department of Labor, in addition to payment to the minimum rates. The contractor's obligation to pay fringe benefits may be met by payment of the fringes to the various plans, funds, or programs or by making these payments to the employees as cash in lieu of fringes.

The contractor should show on the face of his payroll all monies paid to the employees whether as basic rates or as cash in lieu of fringes. The contractor shall represent in the statement of compliance that he is paying to others fringes required by the contract and not paid as cash in lieu of fringes. Detailed instructions follow:

Contractors who pay all required fringe benefits:

A contractor who pays fringe benefits to approved plans, funds, or programs in amounts not less than were determined in the applicable wage decision of the Secretary of Labor shall continue to show on the face of his payroll the basic cash hourly rate and overtime rate paid to his employees, just as he has always done. Such a contractor shall check paragraph 4(a) of the statement to indicate that he is also paying to approved plans, funds, or programs not less than the amount pre-determined as fringe benefits for each craft. Any exception shall be noted in Section 4(c).

Contractors who pay no fringe benefits:

A contractor who pays no fringe benefits shall pay to the employee and insert in the straight time hourly rate column of his payroll an amount not less than the predetermined rate for each classification plus the amount of fringe benefits determined for each classification in the applicable wage decision. Inasmuch as it is not necessary to pay time and a half on cash paid in lieu of fringes, the overtime rate shall not be less than the sum of the basic predetermined rate, plus the half time premium on the basic or regular rate plus the required cash in lieu of fringes at the straighttime rate. To simplify computation of overtime, it is suggested that the straight time basic rate and cash in lieu of fringes be separately stated in the hourly rate column, thus \$3.25/.40. In addition, the contractor shall check paragraph 4(b) of the statement to indicate that he is paying fringe benefits in cash directly to his employees. Any exceptions shall be noted in Section 4(c).

Use of Section 4(c), Exceptions

Any contractor who is making payment to approved plans, funds, or programs in amounts less than the wage determination requires is obliged to pay the deficiency directly to the employees as cash in lieu of fringes. Any exceptions to Section 4(a) or 4(b), whichever the contractor may check, shall be entered in Section 4(c). Enter in the Exception column the craft, and enter in the Explanation column the hourly amount paid the employees as cash in lieu of fringes, and the hourly amount paid to plans, funds or programs as fringes.

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
HIGHWAY CONSTRUCTION CONTRACTORS MONTHLY EEO REPORT**

PROJECT NO. _____ REPORT for the MONTH & YEAR of _____
 CONTRACT ID. NO. _____

1. CHECK APPROPRIATE BLOCK CONTRACTOR <input type="checkbox"/> SUBCONTRACTOR <input type="checkbox"/>	2. NAME AND ADDRESS OF FIRM 	3. FEDERAL AID PROJECT NUMBER 	4. TYPE OF CONSTRUCTION
5. COUNTY AND STATE 	6. PERCENT COMPLETE 	7. BEGINNING CONSTR. DATE 	8. DOLLAR AMOUNT OF CONTRACT
		9. ESTIMATED PEAK EMPLOYMENT MONTH & YEAR (a) 	NO. OF EMPLOYEES (b)

10. EMPLOYMENT DATA

JOB CATEGORIES	Table A				Table B				Table C										
	TOTAL EMPLOYEES		TOTAL MINORITIES		BLACK Not of Hispanic Origin		ASIAN or PACIFIC ISLANDER		AMERICAN INDIAN or ALASKAN NATIVE		HISPANIC		WHITE Not of Hispanic Origin		APPRENTICES		ON THE JOB TRAINEES		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
OFFICIALS, Managers																			
SUPERVISORS																			
FOREMAN/WOMEN																			
CLERICAL																			
EQUIP. OPERATORS																			
MECHANICS																			
TRUCK DRIVERS																			
IRONWORKERS																			
CARPENTERS																			
CEMENT MASONS																			
ELECTRICIANS																			
PIPEFITTERS, PLUMBERS																			
PAINTERS																			
LABORERS, SEMI-SKILLED																			
LABORERS, UNSKILLED																			
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APPRENTICES ON THE JOB TRAINEES																			

11. PREPARED BY: _____ (Signature and Title of Contractors Representative) _____ Date _____
 12. REVIEWED BY: _____ (Signature of Project Inspector) _____ Date _____

Summarize new hires for current month indicating minorities, non-minorities and women by job categories (use additional forms if needed)
 (See page 2 for instructions)

INSTRUCTIONS

THIS REPORT IS TO BE SUBMITTED TO THE DEPARTMENT BY EACH CONTRACTOR AND COVERED SUBCONTRACTOR EACH MONTH FOR THE FIRST THREE MONTHS OF THEIR WORK. SUBCONTRACTORS ARE TO REPORT CONTRACT AND EMPLOYMENT DATA PERTAINING TO THEIR SUBCONTRACT WORK ONLY.

THE STAFFING FIGURES TO BE REPORTED UNDER EMPLOYMENT DATA MUST REPRESENT THE PROJECT WORK FORCE ON BOARD IN WHOLE OR IN PART FOR THE LAST PAYROLL PERIOD PRECEDING THE END OF THE MONTH.

THE STAFFING FIGURES TO BE REPORTED IN TABLE A MUST INCLUDE JOURNEY-LEVEL MEN AND WOMEN, APPRENTICES, AND ON THE JOB TRAINEES AS INDICATED.



U.S. Department
of Transportation
Federal Highway
Administration

NOTICE

The highway construction underway at this location is a Federal or Federal-aid project and is subject to applicable State and Federal laws, including Title 18, United States Code, Section 1020, which reads as follows:

"Whoever, being an officer, agent, or employer of the United States, or of any State or territory, or whoever, whether a person, association, firm, or corporation, knowingly makes any false statement, false representation, or false report as to the character, quality, quantity, or cost of the material used or to be used, or the quantity or quality of the work performed or to be performed, or the costs thereof in connection with the submission of plans, maps, specifications, contracts, or costs of construction of any highway or related project submitted for approval to the Secretary of Transportation; or

Whoever knowingly makes any false statement, false representation, false report, or false claim with respect to the character, quality, quantity, or cost of any work performed or to be performed, or materials furnished or to be furnished, in connection with the construction of any highway or related project approved by the Secretary of Transportation; or

Whoever knowingly makes any false statement or false representation as to a material fact in any statement, certificate, or report submitted pursuant to the provisions of the Federal-Aid Road Act approved July 11, 1916 (39 Stat. 355), as amended and supplemented,

"Shall be fined under this title or imprisoned not more than five years, or both."

Any person having reason to believe this statute is being violated should report the same to the agency representative(s) named below.

(Federal-aid projects only)
State Highway Department

(Both Federal and Federal-aid projects)
**Federal Highway
Division Administrator**

(Both Federal and Federal-aid projects)
**Department of Transportation
Office of Inspector General
Toll free Hotline
1-800-424-9071**



U.S. DEPARTMENT
OF LABOR

IMPORTANT



U. S. DEPARTMENT
OF TRANSPORTATION

WAGE RATE INFORMATION FEDERAL-AID HIGHWAY PROJECT

Construction work on this project is subject to the minimum wage rate provisions of Section 113, Title 23, United States Code and the overtime wage provisions of the Contract Work Hours and Safety Standards Act.

As an employee of the contractor or a subcontractor, you are entitled to be paid not less than the hourly rate for the particular classification of work performed as set forth in the schedule affixed below.

The schedule affixed below contains no minimum change wage rates for the following employees:

1. Apprentices properly registered under approved Federal or State apprenticeship programs. Each approved program contains the applicable rates.

2. Persons employed pursuant to apprenticeship and skill training programs which have been certified by the Secretary of Transportation as promoting equal employment opportunity in connection with Federal-aid highway construction programs. Programs thus certified will set forth the rates applicable.

Call any failure to receive the required rates to the attention of the representative of the contracting agency shown below or the nearest representative of the Federal Highway Administration.

(COMMONWEALTH OF VIRGINIA, Department of Transportation representative)

Additional information may be obtained from the Federal Highway Administration, Washington, D.C. 20590

Any communication should list the name, location, and type of project, the name of the contractor and his address, and a statement of what you do, what rate you are paid, and what rate you think you should be paid.

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
DBE AND SWAM PAYMENT COMPLIANCE REPORT**

Page(s) _____ of _____
(1a) Report No. _____
(1b) Period Ending _____

(2a) Federally Funded (2d) Date of Execution _____
 (2b) State Funded (2e) Order No. _____
 (2c) Contractor/Subcontractor _____
 (2f) Route No. _____ (2g) Project No. _____ (2h) Contract Id. No. _____
 (2i) FHWA No _____ (2j) District _____

(3) DBE and SWAM Firm Name, Certification No.	(4) Tax I.D. No.	(5) DBE and SWAM Category	(6) Allowable Credit of Contract or Agreement	(7) Allowable Credit		(8) Disallowed Credit (VDOT Use Only)		(9) Type of Work (Indicate Item Numbers & Work Description)
				(7a) This Quarter	(7b) To Date	(8a) This Quarter	(8b) To Date	
		DBE/MBE						
		DBE/MBE						
		DBE/MBE						
		DBE/MBE						
		DBE/MBE						
		DBE/MBE						
Total Dollar Amount Paid by Quarter and To Date by DBE and SWAM Category			DMBE DWBE SBE WBE MBE					

All "amounts paid" to certified DBE and SWAM firms are to be reported and submitted by VDOT's quarterly submittal schedule. See instructions.

I/WE certify under penalty of law that the information provided herein is accurate, current, and complete to the best of my/our knowledge.

Signature and Title of Company Official _____ Date _____
 Print Name and Phone Number of Individual Completing Report _____

VIRGINIA DEPARTMENT OF TRANSPORTATION
INSTRUCTIONS FOR
DBE/SWAM PAYMENT COMPLIANCE REPORT – C63

The Prime Contractor is required to submit a DBE Payment Compliance Report and requested to submit payments made to Small, Women-owned, and Minority-owned (SWAM) Business Enterprises for the designated quarterly reporting period. All amounts paid to **certified** DBE and SWAM businesses are subject to monitoring and enforcement mechanisms. It is the responsibility of the prime contractor to provide evidence of DBE and SWAM payments in response to monitoring and enforcement compliance reviews.

The instructions below correspond to each item on the report. Please follow the instructions.

- 1a. **Report No.**
Indicate the number of the report you are sending in sequence. For example: If this is the second report you are submitting, enter Report No. 2.
- 1b. **Period Ending**
Indicate the reporting period based on the Reporting Schedule listed in these instructions.
- 2a. **Federally Funded**
Indicate if contract is federally funded.
- 2b. **State Funded**
Indicate if contract is state funded.
- 2c. **Order No.**
Enter the "Call Order" number assigned to your project by VDOT
- 2d. **Date of Execution**
Enter the date the contract was executed by VDOT.
- 2e. **Contractor/Subcontractor**
Enter your company's name.
- 2f. **Route No.**
Enter the highway route number shown in your contract.
- 2g. **Project No.**
Enter the project number assigned to your project by VDOT.
- 2h. **Contract Id. No.**
Enter the contract identification number assigned to your project by VDOT.
- 2i. **FHWA No.**
Enter the FHWA number assigned to your project.
- 2j. **District**
Enter the District where the project under contract is located.
3. **DBE and SWAM Firm Name, Certification No.**
Enter all DBE/SWAM subcontractors utilized and their certification number.

4. **Tax I.D. No.**
Indicate the Federal Employer Identification No.

5. **DBE and SWAM Category** (As certified by the Virginia Department of Minority Business Enterprise)
Designate type of DBE/SWAM business:
DBE: DMBE – Disadvantaged Minority-owned Business
 DWBE – Disadvantaged Woman-owned Business

SWAM: SBE – Small Business
 MBE – Minority-Owned Business
 WBE – Woman-Owned Business

6. **Allowable Credit of Contract or Agreement**
Dollar value of contract or agreement to be performed by the DBE and SWAM during the contract or agreement which is allowable for participation credit.

- 7a. **Allowable Credit This Quarter**
Dollar amount that can be credited for work performed in reporting quarter.

- 7b. **Allowable Credit To Date**
Dollar amount that can be credited for work performed since work commenced.

- 8a. **Disallowed Credit This Quarter**
Dollar amount of payment paid to DBE and SWAM that is **NOT** allowable for participation credit in reporting quarter.

- 8b. **Disallowed Credit To Date**
Dollar amount of payment that is **NOT** allowable for participation credit since work commenced.

9. **Type of Work (Indicate Item Numbers)**
State work item(s) performed and give description.

Effective July 1, 2007, All Form C-63s for a particular reporting period shall be submitted in an electronic format to the respective person in responsible charge in each District by the following dates of each calendar year.

REPORTING SCHEDULE

Quarter	Reporting Period	Date Due To Responsible VDOT Residency
1st	July 1 – September 30	Five (5) working days after the reporting period
2nd	October 1 – December 31	Five (5) working days after the reporting period
3rd	January 1 – March 31	Five (5) working days after the reporting period
4th	April 1 – June 30	Five (5) working days after the reporting period

If the submittal date falls on a weekend/holiday, the forms shall be submitted to the VDOT Responsible Charge District Office on the following business day.

INSTRUCTIONS FOR SAVING FORM C-63 DATA IN PDF FORMAT

Please be advised that the information that you have placed on the Form C-63 (PDF format) will not save to the file when you close the file. To save your information while using the PDF format, you must use the correct procedures outlined below.

** The following steps will describe the correct procedure for saving the data that you have placed on the PDF version of the Form C-63:

- Step #1** CLICK ON "File"
- Step #2** CLICK ON "Save A Copy"
- Step #3** CLICK ON "Save A Blank Copy"
- Step #4** ENTER your "Firm Name" as the File Name
- Step #5** ENTER the "Order Number" (see line 2c on Form C-63)
- Step #6** ENTER Underscore (_)
- Step #7** ENTER "Report Number" (see line 1a on Form C-63)
- Step #8** ENTER "Quarter Ending" (see line 1b on Form C-63)
- Step #9** ENTER the "Year" (last two digits only)
- Step #10** ENTER ".pdf" as the appropriate file ending

EXAMPLE:

Firm Name:	Vdot Construction Co.
Order No.:	A01
Report No.:	5
Quarter Ending:	1st Quarter (Jul.1 – Sept. 30)
Year:	07

Using the information in the example, your file would be saved as:
vdotA01_050107.pdf

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
CONTRACTOR/SUBCONTRACTOR
EQUAL EMPLOYMENT OPPORTUNITY
INFORMATION REQUEST

This report is developed to reflect the Total Employment of each Contracting firm performing Highway Construction Work in Virginia. It is to be used as a tool in evaluating the Contractor's posture to ensure equal employment opportunity. The requested information is to be submitted to the Responsible Charge Engineer prior to releasing the project for construction and is required of each subcontractor as part of the subletting request.

NAME OF COMPANY _____ CONTRACTOR _____

ADDRESS _____
SUBCONTRACTOR _____

FIRMS EEO OFFICER _____
Official Title _____

TOTAL COMPANY EMPLOYMENT AS OF _____ MONTH _____ YEAR (updated report required each 6 months)

EMPLOYMENT DATA

Report all permanent, temporary or part-time employees. Enter the appropriate figures on all lines and in all columns. Include apprentices and on-the-job trainees in appropriate job category totals.

Job Categories	All Employees			Minority Group Employees									
	Total (Col. 2+3)	Male	Female	Male					Female				
				Black American	Asian/ Indian American	Asian/ Pacific American	Native American	Hispanic American	Black American	Asian/ Indian American	Asian/ Pacific American	Native American	Hispanic American
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
Officials & Managers													
Professionals (Engr. Etc.)													
Supervisors													
Foremen													
Clerical													
Equipment Operators													
Mechanics													
Truck Drivers													
Ironworkers													
Carpenters													
Cement Masons													
Electricians													
Pipefitters, Plumbers													
Painters													
Laborers (Unskilled)													
Other													
Total													

(Include all company employees enrolled in formal on-the-job training programs)

ON THE JOB TRAINEES	Operators													
	Craftsmen													

I certify that the employment data shown above represents the ethnic composition of the firm's employment.

Prepared by _____ Signature _____ Title _____ Date _____

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
TRAINEE ENROLLMENT FORM
ON-THE-JOB TRAINING

Date _____ Route _____ Federal Project Number _____

Project No: _____

Contract Id. No. _____

Contractor _____

Subcontractor: _____

Name of Trainee: _____

*Trainee Program Selected

Social Security Number _____

Apprenticeship-DOL

VTCA-VDOT

Address _____

Other _____

*Explain and attach training schedule

Identification: White Black American Indian or Alaskan Native

Asian & Pacific Islanders Hispanic

Vietnam Era Veteran Yes No

Age _____ Sex _____

Trainee Job Classification: _____

Length of Training _____ Hours

Date Training Started: _____

Trainee Minimum Wage Rates \$ _____ for _____ Hrs.

Trainee is: New Hire _____

(Show actual wage rates to be paid by Contractor) \$ _____ for _____ Hrs.

Upgrade _____

Wage Rate \$ _____ after completion

Upgrade from: _____

Summary of previous Training: (Show approximate hours of previous training received in this or similar classification as per interview with the Trainee) _____

Trainee Signature Contractor Representative

Project Inspector Title

Approval _____
District Civil Rights Manager

Copies Contractor
Residency Administrator
Project Inspector
Trainee

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION

ORDER NO. _____
PROJECT NO. _____

ACKNOWLEDGEMENT OF REVISION

Acknowledgement shall be made of receipt of any and all revisions and/or addenda pertaining to the above designated project which are issued by the Department through the Contract Engineer's Office prior to the bid opening date shown herein. Failure to include this acknowledgement in the bidding proposal may result in the rejection of your bid.

By signing this bid, the Bidder acknowledges receipt of the following revisions and/or addenda to the proposal and/or plans for the above designated project which were issued under cover letter(s) of the date(s) shown hereon:

1. Cover letter of _____
(Date)
2. Cover letter of _____
(Date)
3. Cover letter of _____
(Date)

SIGNATURE DATE

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION

PROJECT:

FHWA:

This form must be completed, signed and returned with bid; and failure to do so may result in the rejection of your bid. **THE CONTRACTOR SHALL AFFIRM THE FOLLOWING STATEMENT EITHER BY SIGNING THE AFFIDAVIT AND HAVING IT NOTARIZED OR BY SIGNING THE UNSWORN DECLARATION UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES. A SEPARATE FORM MUST BE SUBMITTED BY EACH PRINCIPAL OF A JOINT VENTURE BID.**

STATEMENT. In preparation and submission of this bid, I, the firm, corporation or officers, agents or employees thereof did not, either directly or indirectly, enter into any combination or arrangement with any persons, firm or corporation or enter into any agreement, participate in any collusion, or otherwise take any action in the restraint of free, competitive bidding in violation of the Sherman Act (15 U.S.C. Section 1) or Article 1.1 or Chapter 12 of Title 18.2 (Virginia Governmental Frauds Act), Sections 59.1-9.1 through 59.1-9.17 or Sections 59.1-68.6 through 59.1-68.8 of the Code of Virginia.

AFFIDAVIT

The undersigned is duly authorized by the bidder to make the foregoing statement to be filed with bids submitted on behalf of the bidder for contracts to be let by the Commonwealth Transportation Board.

Signed at _____, this ____ day of _____, 20 ____
County (City), STATE

By: _____
(Name of Firm) (Signature) Title (print)

STATE of _____ COUNTY (CITY) of _____

To-wit: _____, a Notary Public in and for the State and

County(City) aforesaid, hereby certify that this day _____
personally appeared before me and made oath that he is duly authorized to make the above statements and that such statements are true and correct.

Subscribed and sworn to before me this _____ day of _____, 20 ____

My Commission expires _____
Notary Public

OR
UNSWORN DECLARATION

The undersigned is duly authorized by the bidder to make the foregoing statement to be filed with bids submitted on behalf of the bidder for contracts to be let by the Commonwealth Transportation Board.

Signed at _____, this ____ day of _____, 20 ____
County (City), STATE

By: _____
(Name of Firm) (Signature) Title (print)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
AFFIDAVIT

PROJECT:

FHWA:

This form must be completed, signed, notarized and returned with bid; and failure to do so, may result in the rejection of your bid. A separate form must be submitted by each principal of a joint venture bid.

1. I, the firm, corporation or officers, agents or employees thereof have neither directly nor indirectly entered into any combination or arrangement with any person, firm or corporation or entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with such contract, the effect of which is to prevent competition or increase the cost of construction or maintenance of roads or bridges.

During the preceding twelve months, I (we) have been a member of the following Highway Contractor's Associations, as defined in Section 33.1-336 of the Code of Virginia (1970). (If none, so state).

NAME	Location of Principal Office
_____	_____
_____	_____
_____	_____

2. I (we) have _____, have not _____, participated in a previous contract or subcontract subject to the equal opportunity clause, as required by Executive Orders 10925, 11114, or 11246, and that I/We have _____, have not _____, filed with the joint Reporting Committee, the Director of the Office of Federal Contract Compliance, a Federal Government contracting or administering agency, or the former President's Committee on Equal Employment Opportunity, all reports due under the applicable filing requirements.

Note: The above certification is required by the Equal Employment Opportunity Regulations of the Secretary of Labor [41 CFR 60-1.7(b)(1)], and must be submitted by bidders and proposed subcontractors only in connection with contracts and subcontracts which are subject to the equal opportunity clause. Contracts and subcontracts which are exempt from the equal opportunity clause are set forth in 41 CFR 60-1.5. (Generally only contract or subcontracts of \$10,000 or under are exempt.)

Currently, Standard Form 100 (EEO-1) is the only report required by the Executive Orders or their implementing regulations.

Proposed prime contractors and subcontractors who have participated in a previous contract or subcontract subject to the Executive Orders and have not filed the required reports should note that 41 CFR 60-1.7(b) (1) prevents the award of contract and subcontract unless such contractor submits a report covering the delinquent period or such other period specified by the Federal Highway Administration or by the Director, Office of Federal Contract Compliance, U.S. Department of Labor.

(Continued)

ORDER NO.:
CONTRACT ID. NO.:

Form C-105
page 2

3. The bidder certifies to the best of its knowledge and belief, that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three year period preceding this proposal been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated above; and
 - (d) Where the bidders is unable to certify to any of the statements in this certification, the bidder shall show an explanation below.

Explanations will not necessarily result in denial of award, but will be considered in determining bidder responsibility. For any explanation noted, indicate below to whom it applies, initiating agency, and dates of action. Providing false information may result in federal criminal prosecution or administration sanctions. The bidder shall provide immediate written notice to the Department if at any time the bidder learns that its certification was erroneous when submitted or has become erroneous by reason of change circumstances.

The undersigned is duly authorized by the bidder to make the foregoing statements to be filed with bids submitted on behalf of the bidder for contracts to be let by the Commonwealth Transportation Board.

Signed at _____, this ____ day of _____, 20 ____
County (City), STATE

By: _____
(Name of Firm) (Signature) Title (print)

STATE of _____ COUNTY (CITY) of _____

To-wit:

I _____, a Notary Public in and for the State and County(City) aforesaid, hereby certify that this day _____

personally appeared before me and made oath that he is duly authorized to make the above statements and that such statements are true and correct.

Subscribed and sworn to before me this _____ day of _____, 20 ____

My Commission expires _____

Notary Public

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
MINIMUM DBE REQUIREMENTS

PROJECT NO. _____

FHWA NO. _____

***** INSTRUCTIONS *****

THIS FORM CAN BE USED BY THE CONTRACTOR TO SUBMIT THE NAMES OF DBE FIRMS TO BE UTILIZED ON THE PROJECT. THE CONTRACTOR SHALL INDICATE THE DESCRIPTION OF THE CATEGORY (S, M, SP or H) AND THE TYPE OF WORK THAT EACH DBE WILL PERFORM AND THE ALLOWABLE CREDIT PER ITEM(S). ADDITIONAL SHEETS TO SHOW THE ALLOWABLE CREDIT PER ITEM MAY BE ATTACHED IF NECESSARY. **PLEASE NOTE:** THE AMOUNT OF ALLOWABLE CREDIT FOR A DBE SUPPLIER IS 60% OF THE TOTAL COST OF THE MATERIALS OR SUPPLIES OBTAINED AND 100% FOR A DBE MANUFACTURER OF THE MATERIALS AND SUPPLIES OBTAINED. A CONTRACTOR MAY COUNT 100% OF THE FEES PAID TO A DBE HAULER FOR THE DELIVERY OF MATERIALS AND SUPPLIES TO THE PROJECT SITE, BUT NOT FOR THE COST OF THE MATERIALS AND SUPPLIES THEMSELVES.

DBE REQUIREMENT _____ %

PERCENT ATTAINED BY BIDDER _____ %

NAMES(S) AND CERTIFICATION NO. OF DBE(S) TO BE USED	USED AS SUBCONTR. (S) MFG. (M) SUPPLIER (SP) HAULER (H)	TYPE OF WORK AND ITEM NO(S)	\$ AMOUNT OF ALLOWABLE CREDIT PER ITEM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL			\$ _____

TOTAL CONTRACT VALUE \$ _____ x REQUIRED DBE _____ % = \$ _____

I/WE CERTIFY THAT THE PROPOSED DBE(S) SUBMITTED WILL BE USED ON THIS CONTRACT AS STATED HEREON AND ASSURE THAT DURING THE LIFE OF THE CONTRACT. I/WE WILL MEET OR EXCEED THE PARTICIPATION ESTABLISHED HEREON BY THE DEPARTMENT.

_____ BY _____
BIDDER SIGNATURE

_____ BY _____
TITLE DATE

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TRANSPORTATION
CERTIFICATION OF BINDING AGREEMENT
WITH
DISADVANTAGED BUSINESS ENTERPRISE FIRMS

Project No.:

Federal Project No.:

This form is to be submitted in accordance with the Department's Special Provision for Section 107.15.

It is hereby certified by the below signed Contractors that there exists a written quote, acceptable to the parties involved preliminary to a binding subcontract agreement stating the details concerning the work to be performed and the price which will be paid for the aforementioned work. This document is not intended to, nor should it be construed to, contain the entire text of the agreement between the contracting parties. This document does not take the place of, nor may it be substituted for, an official subcontracting agreement in those situations that may require such an agreement. A copy of the fully executed *subcontract agreement* shall be submitted to the Engineer within fourteen (14) business days after contract execution.

It is further certified that the aforementioned mutually acceptable quote and fully executed subcontract agreement represent the entire agreement between the parties involved and that no conversations, verbal agreements, or other forms of non-written representations shall serve to add to, delete, or modify the terms as stated.

The prime Contractor further represents that the aforementioned mutually acceptable quote and fully executed subcontract agreement shall remain on file for a period of not less than one year following completion of the prime's contract with the Department or for such longer period as provisions of governing Federal or State law or regulations may require. For purposes of this form, the term Prime Contractor shall refer to any Contractor utilizing a DBE subcontractor, regardless of tier, in which they are claiming DBE credit toward the contract goal.

Contractors further jointly and severally represent that said binding agreement is for the performance of a "commercially useful function" as that term is employed in 49 C.F.R. Part 26.55 (c), (d).

**TO BE SIGNED BY THE SUBCONTRACTOR TO THE PRIME CONTRACTOR, AND ANY LOWER TIER
SUBCONTRACTORS HAVING A CONTRACT WITH THE BELOW NAMED DBE FIRM**

Prime Contractor _____

By: _____
Signature Title
Date: _____

First Tier
Subcontractor if
Applicable

By: _____
Signature Title
Date: _____

Second Tier
Subcontractor if
Applicable

By: _____
Signature Title
Date: _____

Third Tier
Subcontractor if
Applicable

By: _____
Signature Title
Date: _____

DBE Contractor

By: _____
Signature Title
Date: _____