Construction Services – Attachment H

Subcontractor Tracking form for DOT-Assisted/State Funded Projects

Disadvantaged Business Enterprise

Attachment: _____

Project #: _____

FAP #: _____

Date of Bid: _____

# of Subcontracts: _____

# of Supply Contracts: _____

1. _____
Name of DBE Subcontractor

_____
Address

Age of DBE Firm: _____
Annual Gross Receipts: * _____

2. _____
Name of DBE Subcontractor

_____
Address

Age of DBE Firm: _____
**Annual Gross Receipts: ***_____

3. _____
Name of DBE Subcontractor

_____
Address

Age of DBE Firm: _____
Average Annual Gross Receipts: * _____

Non-Disadvantaged Business Enterprise

Attachment: _____

Project #: _____

FAP #: _____

Date of Bid: _____

# of Subcontracts: _____

# of Supply Contracts: _____

1. _____
Name of Non-DBE Subcontractor

_____
Address

Age of Non-DBE Firm: _____
Annual Gross Receipts: * _____

2. _____
Name of Non-DBE Subcontractor

_____
Address

Age of Non-DBE Firm: _____
**Annual Gross Receipts: ***_____

3. _____
Name of Non-DBE Subcontractor

_____
Address

Age of Non-DBE Firm: _____
Average Annual Gross Receipts: * _____