

Email:

Disadvantaged Business Enterprise (DBE) Confirmation and Commitment Agreement Subcontractor, Manufacturer, or Supplier/Distributor

This commitment is subject to the award and receipt of a signed contract from the Hawaii Department of Transportation (HDOT) for the subject project. DBEs must be certified by the bid opening date. This form must be received by HDOT's Project Manager or designee by the close of business, 4:30 p.m. Hawaii Standard Time, five calendar days after bid opening – be sure to take internet and online traffic into consideration. Failure to provide required information sufficient to evaluate the bid/proposal shall be cause for bid/proposal rejection.

	ilicient to eval	uate the bid/pro		posal shall be cause for bid/proposal rejection.		
Project #:				County:		
NAICS CODE/DESCRIPTION OF WORK:				SECONDARY NAICS CODE:		
All quantities and units sl	hould match the	bid tab item w	henever possible	2.		
ne prime contractor shall					mpletes all work un	der the subcontract.
Estimated Beginning	ear):		Estimated Completion Date (Month/Year):			
SUBCONTRACTOR:	Item No.	Item	Approx. Quantity	Unit	Unit Price	Amount
					\$	\$
					\$	\$
					\$	\$
					\$	\$
		· ·	-	TOTAL COMMIT	TMENT AMOUNT	\$
MANUFACTURER:	Item No.	Item	Approx. Quantity	Unit	Unit Price	Amount
					\$	\$
					\$	\$
				TOTAL COMMIT	TMENT AMOUNT	\$
	L	·····				
SUPPLIER/	Item No.	Item	Approx.	Unit	Unit Price	Amount
DISTRIBUTOR:			Quantity			
					\$	\$
					\$	\$
			-	TOTAL COMMIT	TMENT AMOUNT	\$
ne prime contractor cert	ifies by signature	on this agree				e prime contractor and the DBE
						d on this agreement form, the
						equirements. IMPORTANT! The
						ms that all information on this
greement is true and co	rrect. Parties sh	ould sign Agre	ement in the ord			
DBE NAME:				Name/Title (please print):		
Address:				Signature:		
Phone:	Fax	. •		1		
Email:				Date:		
Prime Contractor:				Name/Title (please print):		
Address:				Signature:		
Phone: Fax:				Jigilatule.		
Email:				Date:		
Subcontractor (only if the DBE will be a second tier sub):				Name/Title (please print):		
Subcontractor (OIIIy II	THE DDE WIII D	e a second ti	iei suuj.	Manuel Inne (F	nease printy.	
Address:				Signature:		
Phone:	Fax	•				

HDOT retains the information collected through this form. With few exceptions, you are entitled on request to be informed about the information that we collect about you.

Date:



Disadvantaged Business Enterprise (DBE) Confirmation and Commitment Agreement Subcontractor, Manufacturer, or Supplier/Distributor INSTRUCTIONS

The purpose of this agreement is to secure the commitment of the bidder/offeror to utilize the listed DBE, and the DBE's confirmation that it will perform work for the bidder/offeror on this project. The information on this form shall be provided by the DBE.

Project #	oject. The information on this form shall be provided by the DBE. Self-explanatory			
County	County where project is located			
NAICS Code/Description of Work	Primary North American Industry Classification System code under which DBE is certified to performand description of work to be done			
Secondary NAICS Code	List other NAICS codes firm is certified to perform			
Estimated Beginning Date (Month/Year)	Date DBE shall begin work on the project			
Estimated Completion Date (Month/Year)	Date DBE's work will be completed			
Subcontractor	Name of DBE subcontractor (company name)			
Item No.	List pay item number			
Item	Description of item			
Approx. Quantity	Self-explanatory			
Unit	List unit of measure			
Unit Price	Cost per unit			
Amount	Total amount per pay item			
Total Commitment Amount	Sum of all pay items and total commitment of bidder/offeror to DBE			
Manufacturer	Name of DBE manufacturer			
Supplier/Distributor	Name of DBE supplier (aka regular dealer)/distributor			
DBE NAME	DBE Company name			
Name/Title	Name and title of DBE's representative			
Address	Self-explanatory			
Phone	Self-explanatory			
Fax	Self-explanatory			
Email	Self-explanatory			
Signature	Signature of DBE's representative			
Date	Date agreement is signed			
Prime Contractor	Company name			
Name/Title	Name and title of prime contractor's representative			
Address	Self-explanatory			
Phone	Self-explanatory			
Fax	Self-explanatory			
Email	Self-explanatory			
Signature	Signature of prime contractor's representative			
Date	Date agreement is signed			
Subcontractor (only if the DBE will be a second-tier	Name of subcontractor only if the listed DBE will be performing			
sub):	work under this subcontractor as a second-tier			
	subcontractor/supplier/distributor/manufacturer			
Name/Title	Name and title of the subcontractor's representative that the listed			
	DBE will work under as a second-tier			
	subcontractor/supplier/distributor/manufacturer			
Address	Self-explanatory			
Phone	Self-explanatory			
Fax	Self-explanatory			
Email	Self-explanatory			
	Circultura of subsent restor's representative			
Signature	Signature of subcontractor's representative			