

**METROPOLITAN NASHVILLE PUBLIC SCHOOLS DIVERSITY BUSINESS ENTERPRISE PROGRAM**

**2002 DBE FORM - OFFEROR'S PROPOSED UTILIZATION PLAN**

**SECTION ONE INSTRUCTIONS**

**PLEASE RESPOND TO ALL QUESTIONS IN BOTH SECTIONS OF THIS FORM.** As a result of your outreach efforts (as indicated on DBE Form 2001). Use this form to record the DBEs you propose to use. The information recorded on this form will be evaluated to determine your compliance with MNPS Diversity Business Enterprise Program requirements. Failure to respond to ALL questions and submit this form may result in a non-responsive offer.

**Note: If your business is classified as an MBE, WBE, SBE, or SDVBE, you are NOT exempt from completing this form. As a responder to this procurement, your outreach efforts must indicate a proposed plan to achieve DBE participation. DO NOT list your company's name below in the DBE "Proposed Utilization Plan" section below. \*DO indicate the percentage of work your company will self-perform and the percentage of work to be performed by non-DBE subcontractors in the appropriate boxes on Page 3, Section 2, of this form.**

<b>COMPANY NAME</b>			
<b>ADDRESS</b> <i>(City, State, Zip)</i>			
<b>COMPANY CONTACT NAME</b>		<b>PHONE NUMBER</b>	
<b>RFQ NUMBER &amp; TITLE</b>			
<b>OFFER'S TOTAL DOLLARS</b>			

**SECTION ONE – PROPOSED DBE PARTICIPATION PLAN**

**INSTRUCTIONS:** List each DBE that you proposed to use for the above-referenced RFQ. If additional space is needed to record the DBEs, you may duplicate this form.

**\*DBE CODES:** 1=African American Female, 2=African American Male, 3=Asian Female, 4=Asian Male, 5=Hispanic Female, 6=Hispanic Male, 7=Native American Female, 8=Native American Male, 9=WBE, 10=SBE, 11=SDVBE

<b>1. DBE COMPANY NAME</b>	<b>*DBE CODE</b>	<b>ADDRESS/City/State/Zip</b>	<b>TELEPHONE</b>	
<b>Supplies/Services Provided</b>		<b>Dollar Value of Services</b>		<b>DBE Percentage of Total RFQ</b>
<b>Name of DBE Certification Agency</b>		<b>Copy of Certification Attached?</b>	<b>Certification Expiration Date</b>	<b>Comments:</b>

<b>2. DBE COMPANY NAME</b>	<b>*DBE CODE</b>	<b>ADDRESS/City/State/Zip</b>	<b>TELEPHONE</b>	
<b>Supplies/Services Provided</b>		<b>Dollar Value of Services</b>		<b>DBE Percentage of Total RFQ</b>
<b>Name of DBE Certification Agency</b>		<b>Copy of Certification Attached?</b>	<b>Certification Expiration Date</b>	<b>Comments:</b>

<b>3. DBE COMPANY NAME</b>	<b>*DBE CODE</b>	<b>ADDRESS/City/State/Zip</b>	<b>TELEPHONE</b>	
<b>Supplies/Services Provided</b>		<b>Dollar Value of Services</b>		<b>DBE Percentage of Total RFQ</b>
<b>Name of DBE Certification Agency</b>		<b>Copy of Certification Attached?</b>	<b>Certification Expiration Date</b>	<b>Comments:</b>

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**SECTION ONE -RECORD PROPOSED DIVERSITY BUSINESS ENTERPRISE FIRMS**

<b>COMPANY NAME</b>	
<b>RFQ NUMBER &amp; TITLE</b>	

**SECTION ONE – PROPOSED DBE PARTICIPATION PLAN**

**INSTRUCTIONS:** List each DBE that you proposed to use for the above-referenced RFQ. If additional space is needed to record the DBEs, you may duplicate this form.

**\*DBE CODES:** 1=African American Female, 2=African American Male, 3=Asian Female, 4=Asian Male, 5=Hispanic Female, 6=Hispanic Male, 7=Native American Female, 8=Native American Male, 9=WBE, 10=SBE, 11=SDVBE

<b>4. DBE COMPANY NAME</b>	<b>*DBE CODE</b>	<b>ADDRESS/City/State/Zip</b>	<b>TELEPHONE</b>	
<b>Supplies/Services Provided</b>		<b>Dollar Value of Services</b>		<b>DBE Percentage of Total RFQ</b>
<b>Name of DBE Certification Agency</b>	<b>Copy of Certification Attached?</b>	<b>Certification Expiration Date</b>	<b>Comments:</b>	

<b>5. DBE COMPANY NAME</b>	<b>*DBE CODE</b>	<b>ADDRESS/City/State/Zip</b>	<b>TELEPHONE</b>	
<b>Supplies/Services Provided</b>		<b>Dollar Value of Services</b>		<b>DBE Percentage of Total RFQ</b>
<b>Name of DBE Certification Agency</b>	<b>Copy of Certification Attached?</b>	<b>Certification Expiration Date</b>	<b>Comments:</b>	

<b>6. DBE COMPANY NAME</b>	<b>*DBE CODE</b>	<b>ADDRESS/City/State/Zip</b>	<b>TELEPHONE</b>	
<b>Supplies/Services Provided</b>		<b>Dollar Value of Services</b>		<b>DBE Percentage of Total RFQ</b>
<b>Name of DBE Certification Agency</b>	<b>Copy of Certification Attached?</b>	<b>Certification Expiration Date</b>	<b>Comments:</b>	

<b>7. DBE COMPANY NAME</b>	<b>*DBE CODE</b>	<b>ADDRESS/City/State/Zip</b>	<b>TELEPHONE</b>	
<b>Supplies/Services Provided</b>		<b>Dollar Value of Services</b>		<b>DBE Percentage of Total RFQ</b>
<b>Name of DBE Certification Agency</b>	<b>Copy of Certification Attached?</b>	<b>Certification Expiration Date</b>	<b>Comments:</b>	

**METROPOLITAN NASHVILLE PUBLIC SCHOOLS DIVERSITY BUSINESS ENTERPRISE PROGRAM**  
**2002 DBE FORM - OFFEROR'S PROPOSED UTILIZATION PLAN**

## SECTION TWO INSTRUCTIONS

As a result of your outreach efforts to DBEs, use this form to summarize and record the names of DBEs you propose to use. Provide the estimated dollar value and percentages below. The information recorded on this form will be evaluated to determine your compliance with MNPS Diversity Business Enterprise Program requirements. Failure to respond to ALL questions and submit this form may result in a non-responsive offer. *Note: If your business is classified as a MBE, WBE, SBE or SDVBE you are NOT exempt from completing this form. You must complete this form to show your outreach efforts to achieve DBE participation.*

[illegible]

**VERIFICATION STATEMENT:** By signing below, I certify that all information provided is accurate. This form documents the contractor/supplier named above proposed plan to utilize DBEs for this procurement. I understand that if I fail to provide this required form, my offer may be deemed "non-responsive," and I may be denied the contract award.

**SIGNATURE OF CERTIFYING OFFICIAL**

OFFICIAL'S TITLE

DATE \_\_\_\_\_