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 indicated on DBE Form 2001). Use this form to record the DBEs you propose this form will be evaluated to determine your compliance with MNPS Diver requirements. Failure to respond to ALL questions and submit this form may Note: If your business is classified as an MBE, WBE, SBE, or SDVBE, you are form. As a responder to this procurement, your outreach efforts must indica participation. DO NOT list your company's name below in the DBE "Proposed indicate the percentage of work your company will self-perform and the percentage of work your some paper of the percentage of work your some paper of the percentage of Page 3, Section 1997. | COMPANY NAME ADDRESS (City, State, Zip) COMPANY CONTACT NAME RFQ NUMBER & TITLE OFFER'S TOTAL DOLLARS | PHONE NUMBER | | | | | | | |
| 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. 1. DBE COMPANY NAME | *DBE CODES: 1=African American Female, 2=African American Male, 3=Asian Female, 4=Asian Male, 5=F | | | | ttive American Male, 9=WBE, 10=SBE, 11=SDVBE EPHONE | | | | |
| 1. DDE COME ANT NAME | *DBE CODE | ADDRESS/City/State/ | Zip | 11262 | T HUNE | | | | |
| 0 1 10 | D :11 | | | | DD0.0 | | | | |
| Supplies/Service | | Dollar Value of Services | | DBE Percentage of Total RF() | | | | | |
| Name of DBE Certification Agency | Copy of Certification Attached? | Certification Expiration Date | | Comments: | | | | | |
| 2. DBE COMPANY NAME | *DBE CODE | ADDRESS/City/State/ | /Zip TELEP | | PHONE | | | | |
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| Supplies/Service | es Provided | | DBE Percen | tage of Total RFQ | | | | | |
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| Name of DBE Certification Agency | Copy of Certification Attached? Certification E | | Expiration Date | Comments: | | | | | |
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| 3. DBE COMPANY NAME | *DBE CODE | ADDRESS/City/State/ | ADDRESS/City/State/Zip TELF | | PHONE | | | | |
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| Supplies/Service | | Dollar Value of Services | | DBE Percentage of Total RFQ | | | | | |
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| Name of DBE Certification Agency | Copy of Certification Attached? | Certification Expiration Date Comments: | | | | | | | |
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METROPOLITAN NASHVILLE PUBLIC SCHOOLS DIVERSITY BUSINESS ENTERPRISE PROGRAM 2002 DBE FORM - OFFEROR'S PROPOSED UTILIZATION PLAN

| CECTION ONE DECODE DEPOSES DIVERGED DIVERGED PRITEDEBLICE FIDMS | | | | | | | | | |
|---|---|---|-------------------------------|-----------------------------|-----------------------------|--|--|--|--|
| SECTION ONE -RECORD PROPOSED DIVERSITY BUSINESS ENTERPRISE FIRMS | | | | | | | | | |
| COMPANY NAME | | | | | | | | | |
| RFQ NUMBER & TITLE | | | | | | | | | |
| | SECTION ONE - PE | ROPOSED 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 | | | | | | | | | |
| 4. DBE COMPANY NAME | *DBE CODE | ADDRESS/City/State/ | Zip | PHONE | | | | | |
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| Supplies/Ser | vices Provided | | Dollar Value | of Services | DBE Percentage of Total RFQ | | | | |
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| Name of DBE Certification Agency | | Copy of Certification Attached? | Certification I | xpiration Date | Comments: | | | | |
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| 5. DBE COMPANY NAME | *DBE CODE | ADDRESS/City/State/ | .DDRESS/City/State/Zip TEL/ | | PHONE | | | | |
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| Supplies/Ser | | Dollar Value of Services | | DBE Percentage of Total RFQ | | | | | |
| Sappassissi | Donar value of Scrivees | | DDD1 ereeminge of 15 mil in V | | | | | | |
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| A DANGER AND | LDDD GODD | | | | nwayn. | | | | |
| 6. DBE COMPANY NAME | *DBE CODE | ADDRESS/City/State/ | Zip TELEP | | PHONE | | | | |
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| Supplies/Services Provided | | | | of Services | DBE Percentage of Total RFQ | | | | |
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| Name of DBE Certification Agency | Copy of Certification Attached? Certification Expiration Date | | xpiration Date | Comments: | | | | | |
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| 7. DBE COMPANY NAME | *DBE CODE | ADDRESS/City/State/ | Zip TEI | | PHONE | | | | |
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| Supplies/Ser | Supplies/Services Provided | | | of Services | DBE Percentage of Total RFQ | | | | |
| | | | | | | | | | |
| Name of DBE Certification Agency | Copy of Certification Attached? | Certification Expiration Date Comments: | | Comments: | | | | | |

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 | | | | | | | | | COMPANY NAME | | | |
| ubmit 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. | | | | | | | | | | | | |
| | | | | | on-DBE Prime Contractor | | DBE | | Total Dollars | | | |
| SUMMARY CONTRACT DOLLARS AND DBE PARTICIPATION | | Self-Performed Dollars | | Subcontractor Dollars | | Self-Performed Dollars | | Subcontractor Dollars | | (Prime+Non-DBE+DBE Dollars) | | |
| Schillier dollier. | I DOLLETTO THE DEL | TARTION | | | | | | | | | | |
| | | | Percentage | | Percentage | | Percentage | | Percentage | | Percentage | |
| DBE Prime and/or | MBE African | MBE Asian | MBE Hispanic | MBE Native | MBE African | MBE Asian | MBE Hispanic | MBE Native | WBE | SBE | SDVBE | Total |
| DBE Subcontractor | American Male | Male | Male | American Male | American | Female | Female | Female | Dollars | Dollars | Dollars | DBE |
| Company Name | Dollars | Dollars | Dollars | Dollars | Female Dollars | Dollars | Dollars | Dollars | Donars | Donars | Donars | Dollars |
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| Total Dollars | | | | | | | | | | | | |
| Total Percentages | | | | | | | | | | | | |
| VERIFICATION STAT | 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 | | | | |