

DBE COMPLIANCE AGREEMENT

Louisiana Department Of Health And Hospitals · Office Of Public Health

By signing this document, Successful bidder hereby certifies and understands that:

1. It has not discriminated against any DBE firms in awarding subcontracts for this project.
2. The good faith efforts requirements under the Drinking Water Revolving Loan Fund (40 CFR 35.3575.d) are contractual obligations that must be fulfilled whether or not listed on these forms.
3. Successful bidders must submit all required forms and attachments. Failure to provide any information may prevent authorization to award contract by DHH.
4. Additional documentation to verify or clarify good faith efforts must be provided upon request.
5. Replacement of a subcontractor before contract award or during performance without: (a) obtaining the prior written consent of DHH, and (b) subsequent good faith efforts in selection of a replacement, is prohibited and a breach of contract.
6. In the absence of a formal contractual agreement between the prime contractor and DBE subcontractors, Form DBE5 - the DBE Letter of Intent shall be submitted for each subcontractor.

And, Executes this Compliance Agreement as:

Loan Recipient: _____

Address: _____

Phone Number: _____ Fax Number: _____

By: _____
Signature of Authorized Owner or Representative Title Date

Print Name: _____

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

By: _____
Signature of Authorized Owner or Representative Title Date

Print Name: _____

DBE CONTRACTOR DATA

Louisiana Department Of Health And Hospitals · Office Of Public Health

Loan Recipient Name¹: _____ Loan/PWSID #²: _____
 Brief Contract Description³: _____ DHH Contract #⁴: _____

	DBE Prime/Sub Contractor Name / Address Telephone / Fax Numbers ⁵	Contract Amount (\$) ⁶	Description and Category of Work ⁷	Disadvantaged Business Enterprise (DBE) Status ⁸ (Check all that apply)	Federal Tax ID# ⁹
1			Supplies Equipment Services Construction	Minority (MBE) Black Native American Hispanic Asian Woman (WBE) Small (SBE) Small Rural Area (SBRA)	
2			Supplies Equipment Services Construction	Minority (MBE) Black Native American Hispanic Asian Woman (WBE) Small (SBE) Small Rural Area (SBRA)	
3			Supplies Equipment Services Construction	Minority (MBE) Black Native American Hispanic Asian Woman (WBE) Small (SBE) Small Rural Area (SBRA)	
4			Supplies Equipment Services Construction	Minority (MBE) Black Native American Hispanic Asian Woman (WBE) Small (SBE) Small Rural Area (SBRA)	
5			Supplies Equipment Services Construction	Minority (MBE) Black Native American Hispanic Asian Woman (WBE) Small (SBE) Small Rural Area (SBRA)	

All written contract and/or purchase agreements with above contractors **MUST** be submitted with this form. If it is a purchase agreement only, or if there is no written agreement, then **Form DBE5** must be submitted.

Attach extra sheets as necessary for additional contractors and subcontractors.

* Indicate if the subcontractor is going to hire other subcontractors. If so, an additional sheet listing them is required.

I hereby certify that the above information is true and correct and that I will notify DHH, in writing, of any changes that occur prior to completion of the work.

Loan Recipient: _____ Date: _____
 (Signature of Authorized Representative)

Prime Contractor: _____ Date: _____
 (Signature of Authorized Representative)

Drinking Water Revolving Loan Fund Program • FORM DBE2
INSTRUCTIONS FOR THE DBE CONTRACTOR DATA FORM

Louisiana Department Of Health And Hospitals · Office Of Public Health

This form **MUST** be submitted to DHH before the first payment request to the contractor will be processed.

All written contract and/or purchase agreements with above contractors **MUST** be submitted with this form. If it is a purchase agreement only, or if there is no written agreement, then Form DBE5 must be submitted.

Attach extra sheets as necessary for additional contractors and subcontractors. * Indicate if the subcontractor is going to hire other subcontractors. If so, an additional sheet listing them is required. Replacement, substitution or addition of DBE firms must be handled in conformance with the contract documents.

1. **LOAN RECIPIENT:** Indicate the name of the loan recipient as listed on the contractual documents.
2. **PROJECT-CONTRACT NUMBER:** Enter the project-contract number for this project as assigned by DHH. This number is usually the same as the PWSID for the water system with an additional -01 after, designating the first loan made to the system.
3. **BRIEF CONTRACT DESCRIPTION:** Briefly describe the work to be performed under the contract.
4. **DHH CONTRACT #:** Indicate the number given to this contract by DHH.
5. **DBE PRIME/ SUB CONTRACTOR NAME / ADDRESS / TELEPHONE / FAX NUMBERS:** List the names and all contact information of the DBE prime and DBE sub contractors expected to perform work during the construction of the project under the designated contract. * Also, indicate if the subcontractor is going to hire other DBE sub-subcontractors. If so, identify those sub-subcontractors and provide the same requested information.
6. **CONTRACT AMOUNT:** Indicate the dollar amount for the contract and each subcontract.
7. **DESCRIPTION AND CATEGORY OF WORK:** Describe the work to be performed by the contractor and each subcontractor. Then check the appropriate category of work to be performed.
8. **DBE STATUS:** Indicate the appropriate DBE status of the contractor and each subcontractor listed in Item 5. Note: Designations should be consistent with how firms were identified during solicitations. List all designations that apply.
9. **FEDERAL TAX ID #:** : Indicate the Federal Tax ID number of the contractor and each subcontractor.

Drinking Water Revolving Loan Fund Program • FORM DBE3
DBE SUBCONTRACTOR CONTACT LOG

Louisiana Department Of Health And Hospitals · Office Of Public Health

Bidder Name: _____

Project Name: _____

Bidders should record their contacts with potential DBE subcontractors through the use of this log. Additional forms may be copied if needed.

* Indicate if a subcontractor is going to hire other subcontractors. If so, an additional sheet listing them is required.

** Bidders **MUST** attach copies of all faxes and/or letters sent to DBEs in order to solicit quotations.

	DBE Subcontractor Name / Address *	Telephone / Fax Number	DBE Status (Check all that apply)	Phone Contact		Contact Made?	Will Submit Quote?	Received Quote?	Notes
				Date of Fax / Letter **	Date of Call				
1			Minority (MBE) Black Native American Hispanic Asian Woman (WBE) Small (SBE) Small Rural Area (SBRA)			Yes No	Yes No	Yes No	
2			Minority (MBE) Black Native American Hispanic Asian Woman (WBE) Small (SBE) Small Rural Area (SBRA)			Yes No	Yes No	Yes No	
3			Minority (MBE) Black Native American Hispanic Asian Woman (WBE) Small (SBE) Small Rural Area (SBRA)			Yes No	Yes No	Yes No	
4			Minority (MBE) Black Native American Hispanic Asian Woman (WBE) Small (SBE) Small Rural Area (SBRA)			Yes No	Yes No	Yes No	
5			Minority (MBE) Black Native American Hispanic Asian Woman (WBE) Small (SBE) Small Rural Area (SBRA)			Yes No	Yes No	Yes No	

DBE SUBCONTRACTOR BIDS LIST

Louisiana Department Of Health And Hospitals · Office Of Public Health

Bidder Name: _____

Project: _____

Please list below all bids received from DBE firms and provide the requested information.

* Indicate if the subcontractor is going to hire other subcontractors. If so, an additional sheet listing them is required.

	DBE Subcontractor Name *	Description and Category of Work	Bid Amount	Bid to be Used?	Reason for Rejection
1		Supplies Equipment Services Construction		Yes No	
2		Supplies Equipment Services Construction		Yes No	
3		Supplies Equipment Services Construction		Yes No	
4		Supplies Equipment Services Construction		Yes No	
5		Supplies Equipment Services Construction		Yes No	
6		Supplies Equipment Services Construction		Yes No	
7		Supplies Equipment Services Construction		Yes No	

DBE LETTER OF INTENT

Louisiana Department Of Health And Hospitals · Office Of Public Health

To be used in lieu of a Contract Agreement between a Contractor and Disadvantaged Business Enterprise (DBE) firm.

Prime Contractor: _____

Address: _____

Phone Number: _____ Fax Number: _____

Subcontractor: _____

Address: _____

Phone Number: _____ Fax Number: _____

DBE Status (Check all that apply):

Minority (MBE) Black Native American Hispanic Asian
Woman (WBE) Small (SBE) Small Rural Area (SBRA)

Amount of Agreement: _____

Description of work to be performed under agreement with DBE firm:

Contractor intends to utilize the above named DBE firm for work and amount indicated above.

Contractor: _____
Signature of Authorized Owner or Representative Title Date

Print Name: _____

DBE Firm: _____
Signature of Authorized Owner or Representative Title Date

Print Name: _____