CapMetro

DBE Schedule C2 & Intent to Perform (Other Subcontract Service)

The contractor **MUST** submit a completed **DBE Schedule C2 & Intent to Perform (Other Subcontract Services)** form with their bid submission when a goal has been assigned or when utilizing subcontractors for other subcontract services. **The form will be completed and signed by the Contractor.**

The dollar or percentage listed in the Schedule C to the subcontractor (DBE/non-DBE) is the percentage based on the overall contract value.

NOTE: This percentage may fluctuate throughout the contract if the overall contract value is changed during contract modifications. Contractors **MUST** keep up with the impact this will have on meeting the committed contract DBE goal.

The DBEs selected for subcontracting MUST be responsible for the management and supervision of the entire operation for which it is subcontracted to perform, and there cannot be a contrived arrangement for the purpose of meeting the contract DBE goal or contract goal committed to the DBE.

Reference Exhibit D, Section 3(d) (Credit Towards The Contract Goal), which addresses how the contractor may count towards the DBE goal when using a DBE for material supplies.

<u>Disclaimer: If you are completing this as a result of an active contract or procurement, ensure that</u> <u>the purchaser, contract administrator, and/or project manager are copied.</u>

The Schedule C form for **Other Subcontract Services** is used to document a DBE and non-DBE subcontractor's participation in service that are not related to material suppliers or hauling/trucking services.



SCHEDULE C.2: Disadvantaged Business Enterprise (DBE)
Subcontractor Participation & Intent to Perform (Other Subcontract Services)

11/2024

DO NOT RECREATE OR CHANGE THIS DOCUMENT

Instructions: The Offeror (i.e., prime contractor) shall complete <u>all applicable information in this form</u> and the Good Faith Effort (GFE) Form to show its GFE towards meeting the contract goal assigned to the contract and include DBEs on a contract. This form will be completed for Other Subcontract Services that include but is not limited to the following: (Architectural & Engineering, Information Technology, Landscaping, Construction, Vehicle Maintenance, Janitorial, etc.). This form <u>will not be used</u> for subcontractors that provide hauling/trucking services or material supplies. Those subcontractors which are listed on this form as DBEs must have current DBE certification by a member of the Texas Unified Certification Program at the time of contract execution to Offeror (see Exhibit D, Section 7). Additionally, the Intent to Perform must be completed by the Prime Contractor and DBE subcontractor(s) listed in this form.

Prime Contractor:	Contact Name:	Ethnic/Gender Code:
		A) Asian-Pacific American
Project Name:	Title:	B) Black American H) Hispanic American
IFB/RFP/SOQ#:	Phone#:	N) Native American
IFB/RFF/30Q#.	Filolie#.	SA) Subcontinental Asian American
Firm's Age:	Email Address:	NM) Non-Minority (Woman)
		M) Male
Firm's Annual Gross Receipts (\$):	Address:	F) Female

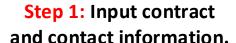
Subcontractor Section (Other Subcontract Services)

Subcontract Services include but are not limited to the following: (Architectural & Engineering (A&E), Information Technology, Landscaping,
Construction, Vehicle Maintenance, Janitorial, etc.)

COMPLETE THIS FORM FOR ALL SUBCONTRACTORS IDENTIFIED FOR THIS PROJECT, YOU MAY USE MULTIPLE FORMS.

In accordance with 49 CFR (Code of Federal Regulations) Part 26, §26.53 & §26.55, when making good faith efforts DBE firms used for credit towards the contract goal must have a current certification status with a TUCP Certifying Agency (see Exhibit D, Section 7) at the time of execution of the contract. The DBE must be certified in the 6-digit NAIS code for the proposed scope of work to receive credit towards the DBE contract goal. CapMetro will also review the proposed DBE participation to ensure that it will perform a commercially useful function.

Other Profes	Other Professional Services – Complete this section if using Other Subcontract Services (Use another form if needed)									
Company Name	Contact Person, Phone#, & Address, Email	1 st or 2 rd Tier Sub.	DBE or Non- DBE	Ethnic Code/ Gender (Leave Blank if non-DBE)	Age of Firm	Annual Gross Receipts (\$)	Work description & 6-digit NAICS Code	Total \$ Commitment (Use % for A&E or other professional services)	Total % Commitment	



The Ethnic/Gender Code is available and will be used in the table below.



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Multiple forms may be used based on the number of subcontractors.

Ensure DBEs share documentation to confirm certification.
You can search for DBEs using TxDOT's Certified Directory.

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SCHEDULE C.2: Disadvantaged Business Enterprise (DBE)
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11/2024

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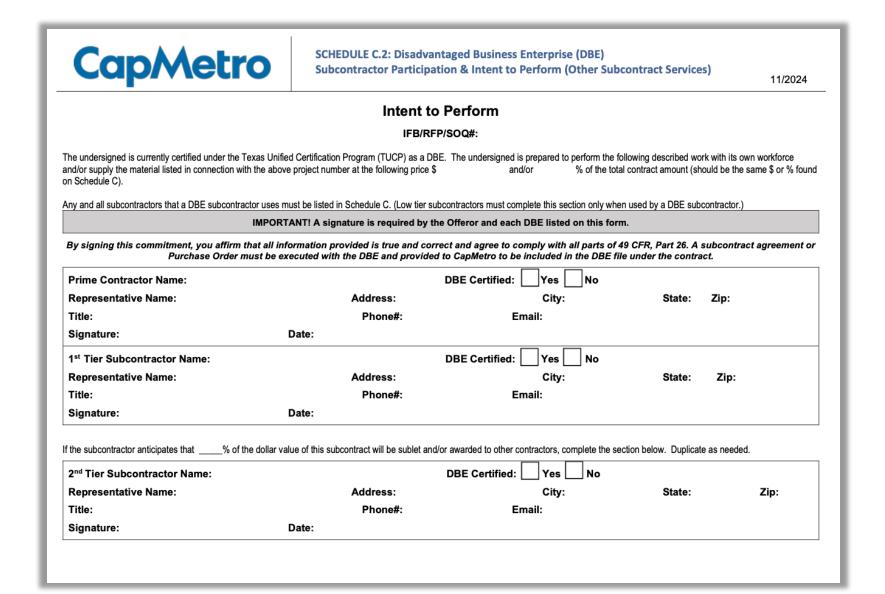
Step 2: Complete this section for each subcontractor. Please provide a contact person for the subcontractor in case additional information is needed.



You can search for NAICS codes using TxDOT's

Certified Directory.

*Include Annual Gross
Receipts amounts and age of firm





Step 3: Input the total dollar (\$) & percentage (%) of DBE participation.

CapMetro	SCHEDULE C.2: Disadvantag Subcontractor Participation	ed Business Enterprise (DBE) & Intent to Perform (Other Sub	ocontract Services)	11/2024
	Intent to Pe	erform		
	IFB/RFP/SC	OQ#:		
The undersigned is currently certified under the Texa and/or supply the material listed in connection with the on Schedule C).	is Unified Certification Program (TUCP) as a DBE. The above project number at the following price \$		following described work with it tal contract amount (should be	
ny and all subcontractors that a DBE subcontractor	uses must be listed in Schedule C. (Low tier subcont	tractors must complete this section only who	en used by a DBE subcontrac	or.)
IN	MPORTANT! A signature is required by the Of	feror and each DBE listed on this for	m.	
	t all information provided is true and correct a t be executed with the DBE and provided to C			ntract agreement or
Prime Contractor Name:	DE	BE Certified: Yes No		
Representative Name:	Address:	City:	State: Zip:	
Title:	Phone#:	Email:		
Signature:	Date:			
1 st Tier Subcontractor Name:	DE	BE Certified: Yes No		
Representative Name:	Address:	City:	State: Zip	:
Title:	Phone#:	Email:		
Signature:	Date:			
the subcontractor anticipates that% of the d	Iollar value of this subcontract will be sublet and/or av	varded to other contractors, complete the s	ection below. Duplicate as ne	eded.
2 nd Tier Subcontractor Name:	DE	BE Certified: Yes No		
Representative Name:	Address:	City:	State:	Zip:
Title:	Phone#:	Email:		
Signature:	Date:			

Step 6: The Prime
Contractor and DBE will
sign this section.

Checking the "Yes" under

DBE certification is an
indicator that the
company has been
confirmed as a certified

DBE.

Contact & Website To Get Forms/Training

Send an email to DBE@capmetro.org for assistance.

DBE Forms, Trainings, & New User – Vendor Information Form (Vendor Reporting System –VRS)

https://www.capmetro.org/dbe

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Thank you!