



6.2025

### 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 SA) Subcontinental Asian American
Firm's Age:	Email Address:	NM) Non-Minority (Woman)
Firm's Annual Gross Receipts (\$):	Address:	M) Male 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 <u>ALL SUBCONTRACTORS</u> IDENTIFIED FOR THIS PROJECT. <u>YOU MAY USE MULTIPLE FORMS</u>.

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 NAICS code for the proposed scope of work to receive credit towards the DBE contract goal.

will also review the proposed DBE participation to ensure that it will perform a commercially useful function.

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



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

6.2025

## Intent to Perform

#### IFB/RFP/SOQ#:

The undersigned is currently certified under the Texas Unified Certification Program (TUCP) as a DBE. The undersigned is prepared to perform the following described work with its own workforce and/or supply the material listed in connection with the above project number at the following price \$ and/or % of the total contract amount (should be the same \$ or % found on Schedule C).

Any and all subcontractors that a DBE subcontractor uses must be listed in Schedule C. (Low tier subcontractors must complete this section only when used by a DBE subcontractor.)

## IMPORTANT! A signature is required by the Offeror and each DBE listed on this form.

By signing this commitment, you affirm that all information provided is true and correct and agree to comply with all parts of 49 CFR, Part 26. A subcontract agreement or Purchase Order must be executed with the DBE and provided to CapMetro to be included in the DBE file under the contract.

Prime Contractor Name:		DBE Certified:	Yes	No			
Representative Name:	Address:		City:		State:	Zip:	
Title:	Phone#:	Ema	Email:				
Signature:	Date:						
1st Tier Subcontractor Name:		DBE Certified:	Yes	No			
Representative Name:	Address:		City:		State:	Zip:	
Title:	Phone#:	Ema	Email:				
Signature:	Date:						
the subcontractor anticipates that%	of the dollar value of this subcontract will be sublet	t and/or awarded to other cont	ractors, con	plete the s	section below. Duplicate as	needed.	
2 <sup>nd</sup> Tier Subcontractor Name:		DBE Certified:	Yes	No			
Representative Name:	Address:		City:		State:	Zip:	
Title:	Phone#:	Ema	Email:				
Signature:	Date:						