



**DO NOT RECREATE OR CHANGE THIS DOCUMENT**

CapMetro requires the completion of a Subcontractor Utilization Plan (SUP) for all contracts with DBE subcontractors under the Schedule C & Intent to Perform to establish a procedure to ensure timely utilization of the certified firms participating in CapMetro's DBE Program. **The approved SUP will remain in effect until a change/task order occurs.** The Diversity, Equity, & Inclusion Office must be informed prior to a contract change occurring or any changes to the information provided in this form. **An updated SUP must be submitted for approval. Any changes that occur are subject to DBE requirements under the CapMetro contract.**

**DIRECTIONS ONLY IF DESIGN-BUILD TYPE PROJECT:** Complete the first page and under the Subcontractor section ONLY complete the items with an asteric (\*) for work DBEs will perform. Click "Add Sub" to add additional subcontract opportunities.

**Contract Start Date:**

**SUP Period End Date** *(Six Months):*

**Contract Number:**

**Contract Name:**

**DBE Goal:**

**Prime Contractor:**

**Project Manager:**  
*CapMetro Rep.*

**Contract Administrator:**  
*CapMetro Rep.*

**Prime Contractor Authorized Representative:**

**Prime Contractor Representative Title:**

**Number of DBE Subcontractors:**

Complete the SUP for each subcontractor on the following page(s).

**Total Anticipated Plan Period Utilization: \$Amount:**

**% of Total:**

\_\_\_\_\_  
**Contractor Signature**

\_\_\_\_\_  
**Contractor Name (Print)**

\_\_\_\_\_  
**Date Signed**

*By signing this document, you affirm that the information provided in this Subcontractor Utilization Form (SUP) is true and correct and understand that authorized personnel of the Authority may confirm any information contain herein and you commit to cooperate if any additional information is required.*



**Subcontractor**

**DBE Name:**

**\*DBE Participation Goal:**

**DBE Representative Name:**

**DBE Representative Title:**

**\*Work Category**

**Material Supplier:    Manufacturer                      Regular Dealer                      Distributor                      Trucking/Hauling**

**\*Other Professional Services Type:**

*Ex.: Advertising, Architectural/Engineering, Building/Facility Maintenance, Construction, Consulting Service, General Planning Consulting, Information Technology, Janitorial Services, Landscaping Services, Management Services, Professional Services, Real Estate Services, Security Services, Surveying*

**\*Description of DBE scope of work:**

**\*Is this contract work spread over the contract term:    Yes            No**

**\*Estimated timeframe/schedule for DBE work to begin *(include details)*:**

How often is the DBE projected to provide the above service(s)?    Daily            Weekly            Monthly            Annually            As Needed

What is the payment agreement structure with the DBE subcontractor?

What percentage of work will the subcontractor be completing during the current plan period?

**\*Anticipated Plan Period Utilization: \$Amount:                      % of Total:**

The contract between your company and the DBE has been submitted    **Yes**            **No**

*This is required 15 days after receiveing a Notice to Proceed.*