**DBE Commitment Information**

### For Federal-aid Consultant Contracts

(See Page 2 for instructions)

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| Contract Information |
| County: |        | City: |        |
| Iowa DOT Project Number: |        |
| Description of Work: |        |
|  |        |
| Contract Amount: |  $       |
| Federal Dollars in the Contract:  |  $       |
| Name of Prime Consultant: |        |
| Was a DBE goal set for this contract?  | [ ]  Yes [ ]  No |  If Yes, DBE goal was  |        % |

|  |  |
| --- | --- |
| **Subconsultant Information** |  |
| **Names of DBE Subconsultants** | CommitmentAmount |
|        | $       |
|        | $       |
|        | $       |
|        | $       |
|        | $       |
|        | $       |
|        | $       |
|        | $       |
|        | $       |
|        | $       |
|        | $       |
| **Total DBE Commitment** | **$** |

|  |
| --- |
| Signatures |
| Submitted by: |        |  Date: |        |
| Title / position: |        |  |  |

Instructions for Completing the DBE Commitment Information Form

**This form must be submitted regardless of whether a DBE goal was set, or whether any DBE commitments were made.** For federal-aid contracts between a local public agency (LPA) and a consultant, the LPA shall complete this form. For federal-aid contracts between the Iowa DOT and a consultant, the Iowa DOT contract administrator shall complete this form. This form must be submitted with the request for Federal Highway Administration (FHWA) authorization. Complete the form as follows:

**Contract Information**

County: Enter the name of the county in which the project is located.

City: If the project is located in a city, enter the name of the city. If not, leave this field blank.

Iowa DOT Project Number: Enter the Iowa DOT project number used for this contract.

Description of Work: Enter a brief description of the prime consultant’s scope of work for this contract. For a supplemental agreement, in addition to a description of the scope of work, also enter the supplemental agreement number (e.g., Supplemental Agreement No. 2).

Contract Amount: Enter the estimated amount that will be awarded under this agreement. Any future supplemental consultant agreements should be reported using a separate form.

Federal Dollars in the Contract: Enter the federal share of funds for the contract, calculated as follows: Federal Dollars in the Contract = (estimated contract amount – any non-participating portions) x (the appropriate federal-aid reimbursement rate). Note: If the calculated amount exceeds the federal-aid limit as shown in the Statewide Transportation Improvement Program (STIP), enter the STIP amount or the portion of federal funds to be used for this contract, whichever is less.

Name of Prime Consultant: Enter the name of the prime contractor or prime consulting firm.

Was a DBE goal set for this contract? Check yes or no to indicate if a DBE goal was set for this contract. If yes, indicate the percentage DBE goal that was set for the contract.

**Subconsultant Information**

Enter the names of the proposed DBE subconsultants for this contract, if known. If subconsultants have not yet been identified, enter a general description of the type work that will be subcontracted to a DBE firm. For each subconsultant or type of work listed, enter the proposed subcontract amount.

For the “Total DBE Commitment,” enter the sum of the all the DBE commitment amounts. Note: If the prime consultant is a DBE, also include in the total the portion of the contract amount designated for the prime contractor / consultant.

**Signatures\***

Submitted by / Date: Enter the name of the person responsible for administering the consultant contract and the date the form was submitted. For LPA federal-aid projects, this should be a city or county official. For Iowa DOT consultant contracts, enter the name of the Iowa DOT consultant contract administrator.

Title / position: Enter the title or position of the person noted above.

\* Handwritten signatures are not required for forms submitted electronically.