

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**ANTICIPATED DBE PARTICIPATION STATEMENT**  
**LOCAL AGENCY PROGRAM**

275-030-12  
 EQUAL OPPORTUNITY OFFICE  
 03/09

<b>1. FDOT LAP AGREEMENT#</b>	<b>2. FDOT LAP AGREEMENT AMOUNT</b>	<b>3. LOCAL AGENCY CONTRACT (PRIME)#.</b>	<b>4. LOCAL AGENCY NAME</b>
<b>5. PRIME CONTRACTOR NAME</b>		<b>6. FEID NUMBER (PRIME CONTRACTOR)</b>	
<b>7. CONTRACT DOLLAR AMOUNT</b>		<b>8. FEID NUMBER (LOCAL AGENCY)</b>	
<b>9. IS THE PRIME CONTRACTOR A FLORIDA CERTIFIED "DBE"? (DISADVANTAGED BUSINESS ENTERPRISE)</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>10. IS THE WORK OF THIS CONTRACT CONSTRUCTION <input type="checkbox"/> OR MAINTENANCE <input type="checkbox"/>? OTHER _____</b>
<b>11. REVISION (Y/N)? _____ IF YES, REVISION# _____</b>			

**12. ANTICIPATED DBE SUBCONTRACTS (BELOW):**

	DBE SUBCONTRACTOR OR SUPPLIER	TYPE OF WORK/SPECIALTY	DOLLAR AMOUNT	PERCENT OF CONTRACT DOLLARS
A				
B				
C				
D				
E				
F			<b>11A TOTAL DOLLARS TO DBE'S</b>	<b>11B TOTAL PERCENT OF CONTRACT</b>

**SECTION TO BE FILLED BY PRIME CONTRACTOR**

<b>13. NAME OF SUBMITTER</b>	<b>14 .DATE</b>	<b>15. TITLE OF SUBMITTER</b>
<b>16. EMAIL ADDRESS OF PRIME CONTRACTOR SUBMITTER</b>		<b>17. FAX NUMBER</b>
<b>18. PHONE NUMBER</b>		

**SECTION TO BE FILLED BY LOCAL AGENCY**

<b>19. SUBMITTED BY</b>	<b>20 .DATE</b>	<b>21. TITLE OF SUBMITTER</b>
<b>22. EMAIL ADDRESS OF SUBMITTER</b>		<b>23. FAX NUMBER</b>
<b>24. PHONE NUMBER</b>		

**NOTE: THIS INFORMATION IS USED TO TRACK AND REPORT ANTICIPATED DBE PARTICIPATION IN ALL FEDERALLY FUNDED FDOT CONTRACTS. THE ANTICIPATED DBE AMOUNT IS VOLUNTARY AND WILL NOT BECOME A PART OF THE CONTRACTUAL TERMS. THIS FORM MUST BE SUBMITTED AT THE PRE CONSTRUCTION. FDOT STAFF FORWARDS THE FORM TO THE EQUAL OPPORTUNITY OFFICE.**

**THE FOLLOWING SECTIONS ARE FOR FDOT LAP COORDINATOR USE**

DIST	LAP COORDINATOR NAME	DATE TO EO OFFICE (ELECTRONICALLY)	EXECUTED DATE (LAP AGREEMENT)	EXECUTED DATE (BETWEEN LOCAL AGENCY AND PRIME)	PRECON. CONF DATE.