



OFFICE OF SUPPLIER DIVERSITY
CITY OF NEW ORLEANS

DBE Compliance Form-3 | **DBE PARTICIPATION PLAN**

Contact Office of Supplier Diversity for questions on completing this form.
Via email: supplierdiversity@nola.gov

RESPONDENTS: *This completed form must be furnished to the Bureau of Purchasing with your proposal. You must complete every section of the form or your proposal may be deemed non-responsive. If a section is not applicable to your proposal, you must explain why it is not applicable or your proposal will be deemed non-responsive. You must submit your response on the DBE Responsiveness Form 3 or your proposal will be deemed non-responsive. You may use additional pages as warranted.*

RFP/RFQ/Solicitation #: _____

Date: ____/____/____

Description: _____

Name of Respondent: _____

Please check the appropriate space(s):

- The respondent is committed to the contract goal of _____ % DBE utilization. (If selected, you must complete and submit DBE Compliance Form 1 in order to be awarded a contract.)
- The respondent is unable to meet the DBE contract goal, but is committed DBE utilization and will submit documentation demonstrating good faith efforts. (If selected, you must complete and submit DBE Compliance Form 1 and/or DBE Compliance Form-2 along with all required supporting documentation in order to be awarded a contract.)

SECTION I - DBE COMMITTEMENT TO CONTRACT GOAL: You must list all DBE firms that you have identified to participate on the contract.

DBE FIRM & NAME of DBE	PHONE	SOURCE OF CERTIFICATION (SLDBE or LAUCP)	SCOPE OF WORK TO BE PERFORMED BY THE DBE	ESTIMATED VALUE of PROPOSED DBE CONTRACT (If Known)	ESTIMATED % OF TOTAL CONTRACT
1.				\$	%
2.				\$	%
3.				\$	%
4.				\$	%
5.				\$	%
6.				\$	%
7.				\$	%
8.				\$	%
9.				\$	%
10.				\$	%
TOTALS				\$	%



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SECTION II - DBE CONFIRMATION: For the DBE firms listed above, please provide the name and signature of the firm's authorized representative. (*DBEs please note your signature does not constitute a binding contract, but is used to acknowledge that you have discussed participation with the respondent as detailed on this form.*)

NAME OF DBE FIRM	PRINT NAME OF DBE FIRM'S AUTHORIZED REPRESENTATIVE	SIGNATURE OF DBE FIRM'S AUTHORIZED REPRESENTATIVE	DATE

SECTION III - SPECIFIC PORTIONS OF WORK IDENTIFIED FOR DBE SUBCONTRACTOR: You must list all selected scopes or portions of work that you identified to be performed by DBE(s) and the estimated percentage value of each scope of work identified in order to increase the likelihood of meeting the contract goal for this project.

SCOPE OR PORTIONS OF WORK IDENTIFIED FOR DBE PARTICIPATION	ESTIMATED % OF CONTRACT VALUE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL	



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SECTION IV - PAST PERFORMANCE: You must provide details of your firm's past performance in compliance with DBE goals.

AGENCY NAME	PROJECT NAME	COMPLETION DATE	DBE PARTICIPATION ACHIEVED	OSD VERIFICATION

SECTION V - OTHER: Please provide narrative details of any other efforts your firm will conduct to attain the DBE goal.