



**AFFIDAVIT OF DBE INTENT TO PERFORM AS A  
SUBCONTRACTOR/SUBCONSULTANT/SUPPLIER {PART 1 OF 2}**

**INSTRUCTIONS:** Complete one (1) form for **EACH** certified Disadvantaged Business Enterprise (DBE) committed to performing on this contract.

CRAA Project Name			Project No.	
Prime Contractor/Consultant Company Name				
Name of Person Completing This Form				
Is Prime Contractor/ Consultant certified as a Disadvantaged Business Enterprise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>DBE FIRM INFORMATION</b>				
DBE Firm Name				
DBE Firm Contact				
DBE Firm Address			City	State/Zip
Phone:		Email:		
DBE Subcontract Amount				

- The undersigned DBE firm intends to perform work in connection with the above referenced project as:
 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An individual	A partnership	A corporation	A joint venture	Other
- The undersigned affirms that (s)he is a duly authorized official representing the proposed DBE and affirms its certification has not expired nor been revoked. The undersigned also affirms that the DBE firm is certified to perform the work described herein and that its current certification letter will reflect appropriate NAICS codes associated with the described scope of work.

Certifying Agency: Ohio UCP

- If awarded the contract, the undersigned intends to enter into subcontract to perform the work described in Part 2 of this form for the prices/subcontract amount indicated.

\* *If DBE Firm Is A Third-Tier Subcontractor, This Form Must Also Be Executed By The Second-Tier Subcontractor That Has The Subcontract Agreement With The DBE Firm.*

x	
Authorized Signature of Prime Contractor	Title:
x	
Authorized Signature of DBE SubContractor/ Consultant/ Supplier <b>(SECOND TIER):</b>	Title:
x	
Authorized Signature of DBE SubContractor/ Consultant/ Supplier <b>(THIRD TIER):</b>	Title:

(THIS FORM CONTINUES ON THE NEXT PAGE)