STATEMENT OF AFFIRMATION AND ACKNOWLEDGMENT OF DISADVANTAGED BUSINESS ENTERPRISE (DBE) REQUIREMENTS

The undersigned hereby affirms and acknowledges that he/she/it has read and fully understands the DBE requirements of this contract, and that full compliance with the DBE program requirements (49 CFR Part 26), is a requirement and condition for award of this project.

	The u	ndersigne	ed also	affirm:	and ac	knowl	edges that	he/she/it is	bound b	y the re	equirements
of the	DBE	program	in	connect	ion wi	th the	proposa	I submitted	d for th	ie cons	struction of
				(.	Project	Title o	and Numb	er)			
	The u	ndersigne	ed is a	also full	y aware	of the	project's	DBE goal,	certific	ation re	quirements,
awardir	ng proc	edures, a	nd th	e require	ments	and do	cumentatio	on necessar	y to sub	stantiate	good fain
effort."											
								(Name of Per	son or Firn	ı)	
						Ву					
								(Sìgna	ture)		
								(Name ar	nd Title)		
	-						(St	reet Address o	r P.O. Box	No.)	
					•						
								(City, State,	Zip Code)		
						Date	l:				