



## Disadvantaged Business Enterprise (DBE) Confirmation and Commitment Agreement

### Trucking Company

This commitment is subject to the award and receipt of a signed contract from the Hawaii Department of Transportation (HDOT) for the subject project. DBEs must be certified by the bid opening date.

|                                        |                              |
|----------------------------------------|------------------------------|
| <b>Project #:</b>                      | <b>County:</b>               |
| <b>NAICS CODE/DESCRIPTION OF WORK:</b> | <b>SECONDARY NAICS CODE:</b> |

\*All quantities and units should match the bid tab item whenever possible.

The prime contractor shall inform HDOT the dates when the trucking firm starts and completes all work under the subcontract.

|                                               |                                                |
|-----------------------------------------------|------------------------------------------------|
| <b>Estimated Beginning Date (Month/Year):</b> | <b>Estimated Completion Date (Month/Year):</b> |
|-----------------------------------------------|------------------------------------------------|

| TRUCKING COMPANY: | Item No.                       | Item Description | Unit | Unit Price / Rate | Amount |
|-------------------|--------------------------------|------------------|------|-------------------|--------|
|                   |                                |                  |      | \$                | \$     |
|                   |                                |                  |      | \$                | \$     |
|                   |                                |                  |      | \$                | \$     |
|                   | <b>TOTAL COMMITMENT AMOUNT</b> |                  |      |                   | \$     |

1. Number of hours contracted or quantities to be hauled: \_\_\_\_\_
2. Number of fully operational trucks to be used: \_\_\_\_\_ Tractor/trailers: \_\_\_\_\_ Dump trucks: \_\_\_\_\_
3. Number of fully operational trucks owned by DBE: \_\_\_\_\_ Dump trucks: \_\_\_\_\_ Tractors/trailers: \_\_\_\_\_
4. If Owner Operators or additional trucking companies are to be used answer the following:

| Name of Trucking Company | DBE Y/N | Estimated Dollar Amount to be Contracted | Number and Type of Trucks (specify) |
|--------------------------|---------|------------------------------------------|-------------------------------------|
|                          |         | \$                                       |                                     |
|                          |         | \$                                       |                                     |

The prime contractor certifies by signature on this agreement to utilize the DBE trucking company as listed on the agreement form. If a DBE trucking company is unable to perform the work as listed on this agreement form, the prime contractor will follow the substitution/replacement approval process as outlined in the contract DBE requirements. **IMPORTANT! The signatures of the DBE, prime contractor, and subcontractor (only if the DBE will be a second tier sub) confirms that all information on this Agreement is true and correct. Parties should sign Agreement in the order in which they are listed.**

|                                                                   |      |                            |
|-------------------------------------------------------------------|------|----------------------------|
| <b>DBE NAME:</b>                                                  |      | Name/Title (please print): |
| Address:                                                          |      | Signature:                 |
| Phone:                                                            | Fax: | Date:                      |
| <b>Prime Contractor:</b>                                          |      | Name/Title (please print): |
| Address:                                                          |      | Signature:                 |
| Phone:                                                            | Fax: | Date:                      |
| <b>Subcontractor (only if the DBE will be a second tier sub):</b> |      | Name/Title (please print): |
| Address:                                                          |      | Signature:                 |
| Phone:                                                            | Fax: | Date:                      |

HDOT retains the information collected through this form. With few exceptions, you are entitled on request to be informed about the information that we collect about you.



# **Disadvantaged Business Enterprise (DBE) Confirmation and Commitment Agreement Trucking Company INSTRUCTIONS**

The purpose of this agreement is to secure the commitment of the bidder/offeror to utilize the listed DBE trucking company, and the DBE's confirmation that it will perform work for the bidder/offeror on this project. The information on this form shall be provided by the DBE.

|                                                       |                                                                                                                                       |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Project #                                             | Self-explanatory                                                                                                                      |
| County                                                | County where project is located                                                                                                       |
| NAICS Code/Description of Work                        | Primary North American Industry Classification System code under which DBE is certified to perform and description of work to be done |
| Secondary NAICS Code                                  | List other NAICS codes firm is certified to perform                                                                                   |
| Estimated Beginning Date (Month/Year)                 | Date DBE shall begin work on the project                                                                                              |
| Estimated Completion Date (Month/Year)                | Date DBE's work will be completed                                                                                                     |
| Trucking Company                                      | Name of DBE trucking company                                                                                                          |
| Item No.                                              | List pay item number                                                                                                                  |
| Item Description                                      | Description of item                                                                                                                   |
| Unit                                                  | Unit of measure – e.g. weight or hours                                                                                                |
| Unit Price/Rate                                       | Cost per unit or hourly rate                                                                                                          |
| Amount                                                | Total amount per pay item                                                                                                             |
| Total Commitment Amount                               | Sum of all pay items and total commitment of bidder/offeror to DBE                                                                    |
| Number of hours contracted or quantities to be hauled | Approximate number of hours or tonnage to be hauled                                                                                   |
| Number of fully operational trucks to be used:        | Total number of trucks to be used for the project                                                                                     |
| Tractor/Trailers                                      | Number of tractor trailers to be used                                                                                                 |
| Dump Trucks                                           | Number of dump trucks to be used                                                                                                      |
| Number of fully operational trucks owned by DBE       | Number of listed DBE's trucks to be used on this project                                                                              |
| Name of Trucking Company                              | If other trucking companies (DBE or non-DBE) are to be leased, list name and information about type of trucks in this section         |
| Estimated Dollar Amount to be Contracted              | Provide information about estimated cost to lease trucks                                                                              |
| Number of Dump Trucks, Tractor/Trailer                | Self-explanatory                                                                                                                      |
| DBE NAME                                              | DBE Company name                                                                                                                      |
| Name/Title                                            | Name and title of DBE's representative                                                                                                |
| Address                                               | Self-explanatory                                                                                                                      |
| Phone                                                 | Self-explanatory                                                                                                                      |
| Fax                                                   | Self-explanatory                                                                                                                      |
| Email                                                 | Self-explanatory                                                                                                                      |
| Signature                                             | Signature of DBE's representative                                                                                                     |
| Date                                                  | Date agreement is signed                                                                                                              |
| Prime Contractor                                      | Company name                                                                                                                          |

|                                                            |                                                                                                                |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Name/Title                                                 | Name and title of prime contractor's representative                                                            |
| Address                                                    | Self-explanatory                                                                                               |
| Phone                                                      | Self-explanatory                                                                                               |
| Fax                                                        | Self-explanatory                                                                                               |
| Email                                                      | Self-explanatory                                                                                               |
| Signature                                                  | Signature of prime contractor's representative                                                                 |
| Date                                                       | Date agreement is signed                                                                                       |
| Subcontractor (only if the DBE will be a second tier sub): | Name of subcontractor only if the listed DBE trucking company will be performing work under this subcontractor |
| Name/Title                                                 | Name and title of the subcontractor's representative                                                           |
| Address                                                    | Self-explanatory                                                                                               |
| Phone                                                      | Self-explanatory                                                                                               |
| Fax                                                        | Self-explanatory                                                                                               |
| Email                                                      | Self-explanatory                                                                                               |
| Signature                                                  | Signature of subcontractor                                                                                     |
| Date                                                       | Date agreement is signed                                                                                       |