

DISADVANTAGED BUSINESS ENTERPRISE (DBE) HEAVY CONSTRUCTION TRUCKING

CREDIT WORKSHEET

Information listed below must be complete and in compliance with the DBE CUF requirements under 49 CFR Part 26.55. This form is only used for DBE Trucking work (MDOT Code RJ). Worksheet must accompany MDOT's DBE Participation Form 0178.

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|--|--------------------------|---|
| MDOT CONTRACT IDENTIFICATION NUMBER | | CONTRACT LOCATION |
| DBE TRUCKER | | PRIME CONTRACTOR |
| EXPECTED START DATE | EXPECTED COMPLETION DATE | NAME OF CONTRACTOR PAYING YOUR FIRM |
| TOTAL NUMBER OF TRUCKS BEING USED ON THIS CONTRACT (OWNED + LEASED) _____ Trucks Total | | TOTAL DOLLAR VALUE OF YOUR TRUCKING COMMITMENT FOR THIS CONTRACT \$ _____ |
| TYPE OF MATERIAL BEING HAULED | | COST PER UNIT FOR HAULING \$ _____ PER HOUR or TON |

TRUCKS YOU WILL USE ON THIS CONTRACT

TRUCKS OWNED BY YOUR FIRM

| | | | |
|--|--|--|--|
| What Type(s) of Trailers are you using on this contract? | Do you own the trailers? Yes or No If not, who owns them? | Number of owned trucks that you will use on this contract _____ Trucks | Total Dollar Value of Work for your firm \$ _____ |
|--|--|--|--|

TRUCKS LEASED FROM ADDITIONAL DBEs

| NAME OF ADDITIONAL DBEs THAT YOU WILL USE ON THIS CONTRACT | NUMBER OF TRUCKS BEING LEASED PER DBE FIRM | TOTAL DOLLAR VALUE OF WORK FOR EACH ADDITIONAL DBE FIRM |
|--|--|---|
| | | |
| | | |
| | | |
| TOTALS | _____ Trucks | \$ _____ |

TRUCKS LEASED* FROM NON-DBEs

| NAME OF NON-DBEs THAT YOU WILL USE ON THIS CONTRACT | NUMBER OF TRUCKS BEING LEASED PER NON-DBE FIRM | TOTAL DOLLAR VALUE OF WORK FOR EACH NON-DBE FIRM |
|---|--|--|
| | | |
| | | |
| | | |
| | | |
| TOTALS | _____ Trucks | \$ _____ |

What is YOUR TRANSPORTATION FEE / COMMISSION FOR EACH LEASED NON-DBE TRUCK (percentage)? _____ %

* Lease agreement(s) must be on file with the Office of Business Development (OBD) for the Non-DBEs listed above. Failure to provide lease(s) for the above firms in accordance with the MDOT's DBE Program Procedures will result in delay of approval. If there are any changes to this form, once approved by MDOT, a revised form must be submitted to OBD within two weeks of the change. If you need additional information or have questions regarding the completion of this form or submittal of this information, please contact OBD via email at mdot-dbe@michigan.gov or by phone 1-866-DBE-1264.

False statements on this form or fraudulent documentation provided could result in sanctions by federal authorities and/or MDOT. All signatures must be handwritten or digital. Rubber stamped not accepted.

| | |
|-------------------------------|------|
| DBE FIRM AUTHORIZED SIGNATURE | DATE |
|-------------------------------|------|

FOR MDOT INTERNAL USE ONLY

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|---------------------------------------|-----------------------|---------------------------|
| TOTAL NUMBER OF TRUCKS FOR DBE CREDIT | TOTAL # OF DBE TRUCKS | TOTAL # OF NON-DBE TRUCKS |
| TOTAL CREDIT FOR TRUCKING \$ _____ | DBE \$ _____ | NON-DBE \$ _____ |
| MDOT REVIEWER APPROVAL SIGNATURE | | DATE |