

Project No. _____

FORM A

City of Sioux Falls, SD
Schedule of DBE Participation

Form A or Form B shall be completed and submitted with the bid proposal. Failure to do so will cause the bid to be rejected.

Total Bid Amount = \$ _____

Name and Address of Subcontractor	Type of Work and Contract Items or Parts Thereof to be Performed	Dollar Amount of Subcontracted Work	DBE Percentage
TOTAL			

The undersigned intends to enter into a formal agreement with the DBE Contractors listed in this schedule conditioned upon notification of apparent low bid. Form A-1 must be completed for **each** subcontractor/vendor/supplier listed above and shall be given to the Project Owner for submittal to the Contract Compliance Specialist of the City of Sioux Falls **within 7 days** of the bid award date.

Authorized Signature _____

Date _____

Title _____

Firm Name _____