

**COLORADO DEPARTMENT OF TRANSPORTATION**

Project No. \_\_\_\_\_

**INFORMATION FOR DETERMINING DBE PARTICIPATION WHEN A JOINT VENTURE INCLUDES A DBE**

Location: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:**

1. Complete this form when one or more members of a joint venture is a Disadvantaged Business Enterprise (DBE) certified on the UCP DBE Directory and the joint venture firm wishes to claim DBE participation on a Colorado Department of Transportation (CDOT) project. (This form need not be filled in if all joint venture firms are certified DBEs).
2. Submit this form at least ten days before the bid opening to the DBE Program Manager for review and approval of the percent of participation that will be permitted on the project.
3. NOTE: If, after filing this form and before the completion of the joint venture's work on the contract, there is any significant change in the information submitted herein, the joint venture must inform the Project Engineer in writing, with a copy to the DBE Program Manager.
4. Submit this form and requested attachments to:  
DBE Program Manager  
Business Programs Office, Room 150  
Colorado Department of Transportation  
4201 East Arkansas  
Denver, Co. 80222

**JOINT VENTURE INFORMATION**

Name of Joint Venture \_\_\_\_\_

Complete address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

List the firms taking part in the joint venture

Name of Firm	Address of Firm	Certified DBE?

What is the claimed percentage of DBE ownership? \_\_\_\_\_%

Describe the nature of the joint venture's business. Provide a copy of the Joint Venture Agreement. The joint venture agreement or an attachment should describe, at a minimum, the following aspects of the ownership and control of the joint venture:

1. Profit and Loss sharing;
2. Capital contributions, including equipment;
3. Financial decisions;
4. Management decisions, such as estimating, marketing and sales, hiring and firing of personnel, purchasing of major items or supplies, and supervision of field operations. Identify by name, ethnic group, gender and firm the individuals, and their titles, who are responsible for day-to-day management and policy decision making responsibilities for the functions listed in this number 4.

Describe the role of the DBE firm(s) in the joint venture:

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Attach a brief description of the experience and business qualifications of each non-DBE joint venturer. Attach a brief description of the five largest contracts or subcontracts completed by each firm (DBE and non-DBE) during the past three years.

### AFFIDAVIT

**“The undersigned swear or affirm that the foregoing statements are correct and include all material information necessary to identify and explain the terms and operation of our joint venture and the intended participation by each joint venturer in the undertaking. Further, the undersigned covenant and agree to provide to the Department current, complete and accurate information regarding actual joint venture work and the payment therefore and any proposed changes in any of the joint venture arrangements and to permit the audit and examination of the books, records and files of the joint venture, or those of each joint venturer relevant to the joint venture, by authorized representative of the Department. Any material misrepresentation will be grounds for termination of any contract which may be awarded and debarment and for initiating action under Federal and State laws concerning false statements.”**

**I DECLARE UNDER PENALTY OF PERJURY IN THE SECOND DEGREE, AND ANY OTHER APPLICABLE STATE OR FEDERAL LAWS, THAT THE STATEMENTS MADE ON THIS DOCUMENT AND IN THE ATTACHMENTS SUBMITTED ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**(Please copy this form if more room is needed for signature from additional firms.)**

#### FOR BUSINESS PROGRAMS OFFICE USE ONLY

Determination of DBE Participation: \_\_\_\_\_ %

I approve: \_\_\_\_\_  
DBE Program Manager

\_\_\_\_\_  
Date