

COLORADO DEPARTMENT OF TRANSPORTATION
AFFIDAVIT OF SMALL BUSINESS PARTICIPATION

Project Description	Contract \$ NTE
	DBE Contract Goal % %

SECTION 1. CONSULTANT INFORMATION

Prime Consultant	Consultant is an ESE <input type="checkbox"/>	
Compliance Contact Name	Consultant is a DBE <input type="checkbox"/>	
Email	Address	Phone

SECTION 2. DBE PARTICIPATION PLAN

- The consultant is committing to _____ # of DBE firm(s) not teamed with in the past 2 years (firms with unsuccessful bids allowed, each firm must be listed).
- The consultant is committing to approximately \$ _____ of DBE participation on this RFP/SOI.

All DBE firms (vendors and subconsultants)	Work Descriptor (i.e. survey, testing)	NEW DBE?	ONLY for <i>Project Specific</i> RFP/SOIs Approximate % of Participation
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Vendor		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**COLORADO DEPARTMENT OF TRANSPORTATION
AFFIDAVIT OF SMALL BUSINESS PARTICIPATION**

SECTION 3. ESB PARTICIPATION PLAN

- The consultant is committing to _____ # of ESB firm(s) not teamed with in the past 2 years (firms with unsuccessful bids allowed, each firm must be listed).
- The consultant is committing to approximately \$ _____ of ESB participation on this RFP/SOI.

All ESB firms (vendors and subconsultants)	Work Areas (i.e. survey, testing)	New Teaming Partner?	ONLY for <i>Project Specific</i> RFP/SOIs Approximate % of Participation
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 4. DECLARATION OF AFFIDAVIT

By signing below the Consultant affirms the statements made in this document are true and complete:

The Consultant shall make good faith efforts to meet the contract goal for each task order under the overall contract. The Consultant understands that making good faith efforts to achieve the contract goal is a condition of contract award. The Consultant understands that promised participation is a binding obligation of the contract if awarded. The Consultant attests that the information above is true and understands that a fraudulent misrepresentation or failure to make good faith efforts to meet the contract commitments or promised participation may result in the withholding of progress payments, reduction of prequalification status, referral of the matter to the Office of Inspector General of the USDOT and/or other contractual remedies.

I, _____ of _____
 (Owner or Executive Officer Name AND Title) (Consultant Company Name)

 (Wet or Digitally Tracked Electronic Signature)

 (Date)

COLORADO DEPARTMENT OF TRANSPORTATION
PROFESSIONAL SERVICES CLOSEOUT REPORT

DATE: _____ TO: _____ FROM: _____	(Project Engineer) Civil Rights (if applicable) Region _____ (Civil Rights and Business Resource Office)
_____ (Prime Consultant's Compliance Individual)	

PROJECT INFORMATION
TASK ORDER # _____
PROJECT DESCRIPTION _____
MASTER CONTRACT # _____

The following information is submitted to Civil Rights for the above referenced project:

DBE PARTICIPATION
DBE Goal % set at _____% DBE % and \$ commitment was _____% \$ Final DBE participation % and \$ achieved on this project was calculated to be _____% \$
Comments: <i>All missed participation goals by DBEs are justified, approved and documented as attached (if applicable) Explain any other major issues here</i>

ESB PARTICIPATION
ESB Goal % set at _____% ESB % and \$ commitment was _____% \$ Final ESB % and \$ participation achieved on this project was calculated to be _____% \$
Comments: <i>All missed participation goals by ESBs are justified, approved and documented as attached (if applicable) Explain any other major issues here</i>

TO BE FILLED OUT BY CDOT CIVIL RIGHTS
If DBE commitment(s) were not met, \$ disincentives may apply. _____ \$
Comments:

RCRO Signature: _____	Date: _____
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All project records must be retained per the Record Retention rules.

If you have any questions, please contact the Civil Rights Office the project.

COLORADO DEPARTMENT OF TRANSPORTATION
PROFESSIONAL SERVICES DBE PARTICIPATION PLAN MODIFICATION REQUEST

SECTION 1. PROJECT INFORMATION

Prime Consultant		Task Order #		T/O Total \$	
Project Description		Master Contract #		NTE \$	\$
Contact Name		Region		DBE Goal %	%
Contact Phone	DBE Participation \$ and % to Date \$				%
Contact Email	Related to CDOT Project Subaccount #				

SECTION 2. MODIFICATION REQUEST *Attach all supporting "good cause" documentation as necessary*

Reason(s): Reduction Substitution Termination New Commitment

Explanation of Request: *All details must be included for review*

Comments:

Prime Consultant Signature	Printed Name	Date
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SECTION 3. DBE SUBCONSULTANT REVIEW

I reviewed and concur do not concur

Comments:

DBE Subconsultant Signature	Printed Name	Date
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If the DBE recipient of this form does not respond within 5 business days of receipt, it will be documented that this DBE recipient provided no comment and the form will continue to be fully processed.

SECTION 4. CDOT PROJECT ENGINEER/PROJECT MANAGER REVIEW

I reviewed and concur do not concur

Comments:

Prime Contractor Signature	Printed Name	Date
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SECTION 5. CIVIL RIGHTS OFFICE REVIEW

Comments/Conditions:

RCRO Staff Signature:	Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
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COLORADO DEPARTMENT OF TRANSPORTATION
PROFESSIONAL SERVICES REEVALUATION OF DBE GOAL

SECTION 1. PROJECT INFORMATION		
Region		Date
Master Contract #		MC Advisory Goal % _____%
Prime Consultant		MC Contract NTE \$
Project Description		
Related to CDOT Subaccount #		Task Order \$
SECTION 2. NEW GOAL REQUEST		
<i>Attach all supporting documents as necessary</i>		
Explanation of Request:		
Prime Consultant Signature	Printed Name	Date
SECTION 3. PROJECT ENGINEER/PROJECT MANAGER		
Concurrence Status	<input type="checkbox"/> Concur	<input type="checkbox"/> Do not Concur
Comments:		
Engineer Signature	Printed Name	Date
SECTION 4. CIVIL RIGHTS REVIEW		
New task order goal %	%	
Comments:		
RCRO Signature		Date

COLORADO DEPARTMENT OF TRANSPORTATION
PROFESSIONAL SERVICES REEVALUATION OF DBE GOAL

SECTION 5. TASK ORDER GOAL SETTING - CONSULTANT

Consultant fills out this section with Project Engineer:

In the table below, please indicate the percentage of the work on this task order you expect to fall into each category of work and degree of specialization as seen in the example below:

Professional License Required	Not Specialized	Minimally Specialized	Somewhat Specialized	Highly Specialized
<i>Subsurface Utility</i>				30%
<i>Geotechnical Engineering</i>		50%		
<i>General Civil Engineering</i>	20%			

Not Specialized – Most firms working in this industry could perform this work to CDOT standards

Minimally Specialized – Many firms working in this industry could perform this work to CDOT standards.

Somewhat Specialized – Some firms working in this industry could perform this work to CDOT standards.

Highly Specialized – Task order requires the expertise and participation of specific individuals or firms.

All columns added together on page 2 and 3 will equal 100%

Work Area	% Degree of Specialization			
Professional License Required	Not Specialized	Minimally Specialized	Somewhat Specialized	Highly Specialized
<i>Acoustical Engineering</i>	%	%	%	%
<i>Chemical Engineering</i>	%	%	%	%
<i>General Civil Engineering</i>	%	%	%	%
<i>Construction Engineering (Incl. construction management, inspection, and observation)</i>	%	%	%	%
<i>Electrical Engineering</i>	%	%	%	%
<i>Environmental Engineering</i>	%	%	%	%
<i>Erosion Control Engineering</i>	%	%	%	%
<i>Geotechnical Engineering</i>	%	%	%	%
<i>Mechanical Engineering</i>	%	%	%	%
<i>Subsurface Utility Engineering</i>	%	%	%	%
<i>Traffic Engineering</i>	%	%	%	%
<i>Architecture</i>	%	%	%	%
<i>Landscape Architecture</i>	%	%	%	%
<i>Industrial Hygiene</i>	%	%	%	%

COLORADO DEPARTMENT OF TRANSPORTATION
PROFESSIONAL SERVICES REEVALUATION OF DBE GOAL

Work Area	% Degree of Specialization			
Other Services	Not Specialized	Minimally Specialized	Somewhat Specialized	Highly Specialized
<i>Research</i>	%	%	%	%
<i>Data Collection</i>	%	%	%	%
<i>Traffic Control</i>	%	%	%	%
<i>Drilling</i>	%	%	%	%
<i>Survey and Mapping</i>	%	%	%	%
<i>Utility work not requiring a stamp</i>	%	%	%	%
<i>Erosion Control (non-licensed)</i>	%	%	%	%
<i>Materials Testing (Including lab work)</i>	%	%	%	%
<i>Construction Inspection (non-licensed)</i>	%	%	%	%
<i>Quality Control (non-licensed)</i>	%	%	%	%
Administrative Project Management Support				
Administrative Project Management Support	Not Specialized	Minimally Specialized	Somewhat Specialized	Highly Specialized
<i>EEO Contract Compliance</i>	%	%	%	%
<i>Logistics & Scheduling</i>	%	%	%	%
<i>Records Management</i>	%	%	%	%
<i>Other Administrative Support</i>	%	%	%	%
All columns added together will equal 100%				0%
Prime Consultant Signature		Printed Name		Date

COLORADO DEPARTMENT OF TRANSPORTATION
PROFESSIONAL SERVICES REEVALUATION OF DBE GOAL

SECTION 6. TASK ORDER GOAL SETTING - CDOT PROJECT ENGINEER

CDOT Project Engineer Fills Out:

The work on this task order could reasonably be divided between _____ # of firms including the prime, subs, and vendors.

If this work cannot be divided between multiple firms, please explain why this task order requires the work of a single consultant:

In your opinion, are there opportunities for small business participation on this task order?

YES

NO

If you answered no, please describe any reasonable options you considered to make this project feasible for small business participation - including modifying the scope of the opportunity as required by CDOT Policy Directive 606.0.

CDOT Project Engineer Signature

Printed Name

Date

COLORADO DEPARTMENT OF TRANSPORTATION
**ANTICIPATED PARTICIPATION PLAN FOR NON PROJECT SPECIFIC TASK ORDERS
 AND GOOD FAITH EFFORTS REPORT**

SECTION 1. TASK ORDER TYPE

<input type="checkbox"/> New T/O	<input type="checkbox"/> Added Funds	<input type="checkbox"/> Time Extension	<input type="checkbox"/> Amendment
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Attach all required information for modification

SECTION 2. PROJECT INFORMATION

Region		Date	
Master Contract #		MC Advisory Goal %	%
Project Description		MC Contract \$ NTE \$	
Related to CDOT Project Subaccount #			
Task Order #		Task Order \$ Amount \$	
Contract Goals	DBE Task Order Goal %	ESB Task Order Goal %	%

SECTION 3. CONSULTANT INFORMATION

Prime Consultant		Consultant is a ESB	<input type="checkbox"/>
Compliance Contact Name		Consultant is a DBE	<input type="checkbox"/>
Email	Address	Phone	

SECTION 4. SUMMARY OF DBE SMALL BUSINESS TARGET(S)

The consultant commits to _____ # of DBE firm(s).

The consultant commits to \$ _____ of (actual) DBE participation on this task order.

Firm Name (Subconsultant, vendor or consultant if self-performing)	New Teaming Partner	Work Information		
		DBE NAICS CODE(s)	DBE Work Descriptor	Commitment \$
<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No			

TOTAL DBE PARTICIPATION ON TASK ORDER \$	\$		% _____
TOTAL DBE PARTICIPATION WITH AMENDED FUNDS \$ (If applicable)	\$		% _____

COLORADO DEPARTMENT OF TRANSPORTATION
**ANTICIPATED PARTICIPATION PLAN FOR NON PROJECT SPECIFIC TASK ORDERS
 AND GOOD FAITH EFFORTS REPORT**

SECTION 5. SUMMARY OF ESB SMALL BUSINESS TARGET(S)

- The consultant commits to _____ # of ESB firm(s) not teamed with in the past 2 years (firms with unsuccessful bids allowed, each firm must be listed) on this task order.
- The consultant commits to _____ # of Level 1 ESB firm(s) (each firm must be listed) on this task order.
- The consultant commits to _____ # of Level 2 ESB firm(s) (each firm must be listed) on this task order.

Firm Name (Subconsultant, vendor or consultant if self-performing)		ESB Level	New Teaming Partner	Work Information	
				ESB Work Descriptor	Commitment \$
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		

\$0.00

TOTAL ESB PARTICIPATION ON TASK ORDER \$ _____ % _____
 TOTAL ESB PARTICIPATION WITH AMENDED FUNDS \$ (If applicable) _____ % _____

SECTION 6. DECLARATION OF PARTICIPATION PLAN

By signing below the Consultant affirms the statements made in this document are true and complete:

The Consultant understands that the use of the specific firms for the items of work listed above is a condition of contract award. The Consultant attests that the information above is true and understands that a fraudulent misrepresentation or failure to meet these commitments may result in the withholding of progress payments, reduction of prequalification status, referral of the matter to the Office of Inspection General of USDOT, and/or other contractual remedies. The Consultant attests and understands that any modification to this Anticipated Participation Plan requires approval from CDOT and will only be approved upon demonstration of good cause.

I, _____ (Owner or Executive Officer Name) _____ (Title) _____ (Consultant Company Name)

 (Wet or Digitally Tracked Electronic Signature) _____ (Date)

COLORADO DEPARTMENT OF TRANSPORTATION
 ANTICIPATED PARTICIPATION PLAN FOR NON PROJECT SPECIFIC TASK ORDERS

GOOD FAITH EFFORTS REPORT

*Complete this form only if the DBE commitment or ESB commitment for the task order has not been met.
 Attach all supporting documentation as necessary*

SECTION 1. CONSULTANT INFORMATION

Prime Consultant	0	Consultant is a ESB	<input type="checkbox"/>
Compliance Contact Name	0	Consultant is a DBE	<input type="checkbox"/>
Email 0	Address 0	Phone -	
DBE Commitment \$ and %	\$ _____ %	ESB Commitment \$ and %	\$ _____ %

SECTION 2. EFFORTS TO ACHIEVE DBE/ESB PARTICIPATION

Describe your good faith efforts to meet the task order goal and describe why the goal could not be reached.

SECTION 3. DECLARATION OF GOOD FAITH EFFORTS

By signing below, the consultant hereby affirms that it has made good faith efforts and has documented all such efforts in this form and the attached supporting documentation.

I, _____
 (Owner or Executive Officer Name AND Title)

 (Consultant Company Name)

 (Wet or Digitally Tracked Electronic Signature)

 (Date)

**COLORADO DEPARTMENT OF TRANSPORTATION
 ANTICIPATED PARTICIPATION PLAN FOR **PROJECT SPECIFIC** TASK ORDERS
 AND GOOD FAITH EFFORTS REPORT**

SECTION 1. TASK ORDER TYPE				
<input type="checkbox"/> New T/O	<input type="checkbox"/> Added Funds	<input type="checkbox"/> Time Extension	<input type="checkbox"/> Amendment	
<i>Attach all required information for modification</i>				
SECTION 2. PROJECT INFORMATION				
Region			Date	
Master Contract #		Total Cumulative \$ to Date \$		
Project Description		Accumulative \$		
Related to CDOT Project Subaccount #				
Task Order #		Task Order \$ Amount		
Contract Goals	DBE Contract Goal %	ESB Contract Goal %		
SECTION 3. CONSULTANT INFORMATION				
Prime Consultant		Consultant is a ESB <input type="checkbox"/>		
Compliance Contact Name		Consultant is a DBE <input type="checkbox"/>		
Email	Address	Phone		
SECTION 4. SUMMARY OF DBE SMALL BUSINESS TARGET(S)				
<input type="checkbox"/> The consultant commits to _____ # of DBE firm(s).				
<input type="checkbox"/> The consultant commits to \$ _____ of (actual) DBE participation on this task order.				
Firm Name (Subconsultant, vendor or consultant if self-performing)		New Teaming Partner	Work Information	
			DBE NAICS CODE (s)	DBE Work Descriptor
				Commitment \$
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Vendor	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total DBE \$ Encumbered without this task order \$ _____				\$0.00
Total DBE \$ Encumbered with this task order \$ _____				%
Total DBE \$ Participation on Task Order \$ _____				%
Total DBE \$ Participation on Task Order with Amended Funds (if applicable) \$ _____				%

**COLORADO DEPARTMENT OF TRANSPORTATION
ANTICIPATED PARTICIPATION PLAN FOR PROJECT SPECIFIC TASK ORDERS
AND GOOD FAITH EFFORTS REPORT**

SECTION 5. SUMMARY OF ESB SMALL BUSINESS TARGET(S)

- The consultant commits to _____ # of ESB firm(s) not teamed with in the past 2 years (firms with unsuccessful bids allowed, each firm must be listed) on this task order.
- The consultant commits to _____ # of Level 2 ESB firm(s) (each firm must be listed) on this task order.

Firm Name (Subconsultant, vendor or consultant if	ESB Level	New Teaming Partner	Work Information	
			ESB Work Descriptor	Commitment \$
<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Vendor	<input type="checkbox"/> L1 <input type="checkbox"/> L2	<input type="checkbox"/> Yes <input type="checkbox"/> No		

\$0.00

Total ESB \$ Encumbered without this Task Order \$ _____ % _____ %

Total ESB \$ Encumbered with this Task Order \$ _____ % _____ %

Total ESB \$ Participation on Task Order \$ _____

Total ESB \$ Participation on Task Order with Amended Funds (if applicable) \$ _____

SECTION 6. DECLARATION OF PARTICIPATION PLAN

By signing below the Consultant affirms the statements made in this document are true and complete:

The Consultant understands that the use of the specific firms for the items of work listed above is a condition of contract award. The

I, _____ (Owner or Executive Officer Name) _____ (Title) _____ (Consultant Company Name)

_____ (Wet or Digitally Tracked Electronic Signature) _____ (Date)