

Request for Proposal Number: _____

RFP Item Description: _____

Affirmative Action Certification (AAC) for Disadvantaged Business Enterprises (DBE)

I hereby certify that my company intends to affirmatively seek out and consider Disadvantaged Business Enterprises (DBEs) certified by the State of Indiana’s DBE Program and the Kentucky Transportation Cabinet (KYTC) DBE Program to participate as part of this proposal. An Agreement between INDOT and KYTC established reciprocal acceptance of certification of DBE firms in their respective states under the Unified Certification Program (UCP) pursuant to 49 CFR §26.81(e) and (f).

I acknowledge that this certification is to be made an integral part of this proposal. I understand and agree that the submission of a blank certification may cause the proposal to be rejected. I certify that I have consulted the following DBE websites to confirm that the firms listed below are currently certified DBEs:

INDOT: <https://entapps.indot.in.gov/DBELocator/>

KYTC: <https://transportation.ky.gov/Civil-Rights-and-Small-Business-Development/Pages/Certified-DBE-Directory.aspx>

I certify that I have contacted the certified DBEs listed below, and if my company becomes the CONSULTANT, these DBEs have tentatively agreed to perform the services as indicated. I understand that neither my company nor I will be penalized for DBE utilization that exceeds the goal. After contract award, any change to the firms listed in this Affirmative Action Certification to be applied toward the DBE goal must have prior approval by INDOT’s Economic Opportunity Division.

I. DBE Subconsultants to be applied toward DBE goal for the RFP item:

Certified DBE Name	Service Planned	Estimated Percentage to be Paid*
		%
		%
		%
		%

II. DBE Subconsultants to be utilized beyond the advertised DBE goal for the RFP item:

Certified DBE Name	Service Planned	Estimated Percentage to be Paid*
		%
		%
		%
		%

Estimated Total Percentage Credited toward DBE Goal: _____

Estimated Percentage of Voluntary DBE Work Anticipated over DBE Goal: _____

Company Name: _____

Signature: _____ Date: _____

*It is understood that these individual firm percentages are estimates only and that percentages paid may be greater or less as a result of negotiation of the contract scope of work. My company will use good faith efforts to meet the overall DBE goal through the use of these or other certified and approved DBE firms.