DBE/OBE
SUBCONTRACTORS INFORMATION FORM
SCHEDULE A

RFP/RFQ Title

Proposer	Address
Contact Person	Phone/Fax

LIST OF ALL SUBCONTRACTORS (SERVICE PROVIDERS/SUPPLIERS/ETC.)				
NAME, ADDRESS, TELEPHONE NO. OF SUBCONTRACTOR	DESCRIPTION OF WORK OR SUPPLY	DBE/ OBE	CALTRANS CERT. NO	DOLLAR VALUE OF SUBCONTRACT

PERCENTAGE OF MBE/WBE PARTICIPATION		
	DOLLARS	PERCENT
TOTAL DBE AMOUNT	$	%
TOTAL OBE AMOUNT	$	%
BASE BID AMOUNT	$	

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Signature of Person Completing this Form

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Title Date

MUST BE SUBMITTED WITH PROPOSAL