



Disadvantaged Business Enterprise (DBE) Program
DBE Form 5: Schedule of Non-Selected Subcontractors

An Excel spreadsheet with the same information can be used in lieu of this form
 Copy this side of Form 5 as needed

v.9.29.15

Project Name: _____ Project N^o: _____
 Project N^o: _____
 Bidder's Name: _____

NAME Of Subcontracting Firm and Annual Gross Receipts (AGR)	Address, Contact Name AND Phone Number	DBE Certified? (Y/N)	Scope of Work	Reason For Not Selection
AGR: <input type="checkbox"/> <\$500k <input type="checkbox"/> 500k - 1M <input type="checkbox"/> 1M - 5M <input type="checkbox"/> 5M+				
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AGR: <input type="checkbox"/> <\$500k <input type="checkbox"/> 500k - 1M <input type="checkbox"/> 1M - 5M <input type="checkbox"/> 5M+				

The Undersigned certified that the firm(s) above was (were) contacted, in good faith, and that said firm(s) was (were) not selected to participate in this contract.

 Authorized Signature Printed Name Title Date