



JACKSONVILLE TRANSPORTATION AUTHORITY

INTENT TO CONTRACT AS A DBE/SBE/LSBE SUBCONTRACTOR/SUBCONSULTANT

PROPOSAL/SOLICITATION NUMBER: _____

Pursuant to DBE/SBE/LSBE policy, businesses participating in the JTA's DBE Program must be certified by the Florida Uniform Certification Program (UCP) or JTA's SBE/LSBE Programs at the time of submittal of bid. The DBE firm must be listed in the Florida UCP/DBE or the SBE/LSBE Program directories, respectfully, as a certified DBE, SBE or LSBE firm.

Note: JSEB certified firms by COJ and M/WBE certified firms by DCSB are considered SBE firms.

DBE- (<http://www3b.dot.state.fl.us/EqualOpportunityOfficeBusinessDirectory/CustomSearch.aspx>)

SBE/LSBE - <https://jtafla.dbesystem.com/> - Certified Vendor Directory

1. Name of Prime Contractor/Consultant _____

2. Address, City, State and Zip _____

3. FEIN Number of DBE/SBE/LSBE Firm _____

4. The DBE subcontractor/subconsultant firm listed below is certified by which member agency within the Florida UCP?

- JTA FDOT GOAA (Orlando Airport) Voltran Miami/Dade County Broward County
 HCAA (Hillsborough County) City of Tallahassee Lee County Port Authority

5. The SBE/LSBE subcontractor/subconsultant firm listed below is certified by the JTA and listed in the SBE or LSBE directory. Yes No

6. The firm is currently JSEB certified by the City of Jax or M/WBE certified by the Duval County School Board. Yes No

The undersigned DBE/SBE/LSBE firm is prepared to perform the following described work and/or supply the material listed in connection with the above project (where applicable specify "supply or "install" or both):

Total Dollar Spend _____

and at the following price \$ _____ With respect to the proposed subcontract described above, _____ % of the dollar value of such subcontract will be sublet and/or awarded to the following DBE/SBE/LSBE firm:

Manufacture (count 100% of total spend) Regular Dealer (only count 60% of total spend & shown on Schedule of Subconsultants) Distributor (only count 40% of total Spend) Broker (only count fees/commission charged)

Name of DBE/SBE/LSBE Firm _____

Address, City, State and Zip _____

Telephone _____

Signature of Owner, President or
Authorized Agent of DBE/SBE/LSBE Firm

Printed Name of Signer _____

Date _____

DECLARATION OF PRIME CONTRACTOR/CONSULTANT

I HEREBY DECLARE AND AFFIRM that I am the _____

(Title Declarant)

and duly authorized representative of _____

(Name of Prime Contractor/Consultant)

to make this declaration and that I have personally reviewed the materials and facts set forth in this Intent to Perform form. To the best of my knowledge, information and belief, the facts and representations contained in this form are true, the owner or authorized agent of the DBE/SBE/LSBE business signed this form in the place indicated, and no material facts have been omitted.

Except as authorized by JTA's AVP – Business Compliance or designee, the undersigned will enter into a formal agreement with the listed DBE/SBE/LSBE business for work indicated by this form prior to the effective start date of the contract. The undersigned will, if requested, provide JTA's AVP – Business Compliance or designee a copy of that agreement.

The Prime Contractor/Consultant designated the following person as its DBE/SBE/LSBE Liaison Officer:

Please Print Name _____

Phone _____

Pursuant to State Law, any person (entity) who makes a false or fraudulent statement in connection with the participation of a DBE/SBE/LSBE in any locally funded project or otherwise violates applicable program requirements may be referred for prosecution.

Name of Declarant _____

_____ / _____ / _____

Signature _____

Date _____