State of Rhode Island
Department of Administration / Division of Purchases
One Capitol Hill, Providence, Rhode Island 02908-5855
Tel: (401) 574-8100 Fax: (401) 574-8387

ADDENDUM #2

RFP #7550579 **TITLE: 2016-CT-001 HIGHWAY SAFETY IMPROVEMENT PROGRAM**

SUBMISSION DEADLINE: JUNE 1, 2016 - 1:00 P.M

- **The attached DBE/MBE Participation Plan must be completed in its entirety and returned with bid submission. Failure to return this form with bid submission may be grounds for disqualification.**

Lisa Hill

Lisa Hill
Chief Buyer

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION
OFFICE OF DIVERSITY, EQUITY AND OPPORTUNITY (ODEO)
MINORITY BUSINESS ENTERPRISE COMPLIANCE OFFICE
ONE CAPITOL HILL
PROVIDENCE, RHODE ISLAND 02908
(401) 574-8670
www.mbe.ri.gov

DBE / MBE PARTICIPATION PLAN

Bidder's Name:	
Bidder's Address:	
Point of Contact:	
Telephone:	
Email:	
Solicitation No.:	
Project Name:	

Vendors should be aware that this solicitation has EITHER a DBE participation goal pursuant to 49 CFR Part 26 OR a minimum 10% MBE GOAL requirement pursuant to RIGL § 37-14.1. Failure to meet the MBE or DBE goal shall be evaluated on the basis of "Good Faith Efforts". This form is intended to capture commitments between the prime contractor/vendor and DBE/MBE subcontractors and suppliers, including a description of the work to be performed and the price of the work as submitted to the prime contractor/vendor. Please note that all DBE/MBE subcontractors/suppliers must be certified by the State of Rhode Island, Office of Diversity, Equity and Opportunity - DBE or MBE Compliance Office at the time of bid. DBE/MBE subcontractors must self-perform 100% of the work or subcontract to another RI certified DBE/MBE in order to receive participation credit. Vendors may count 60% of expenditures for materials and supplies obtained from a DBE/MBE certified as a regular dealer/supplier, and 100% of such expenditures obtained from a DBE/MBE certified as a manufacturer. This form must be completed in its entirety and submitted at time of bid. Please complete separate forms for each DBE/MBE subcontractor/supplier to be utilized on the solicitation.

Name of Subcontractor/Supplier:	
Type of RI Certification:	
Address:	
Point of Contact:	
Telephone:	
Email:	
Detailed Description of Work To Be Performed by Subcontractor or Materials To Be Supplied by Supplier:	
Participation Percentage (%)	
Anticipated Date of Performance:	

I certify under penalty of perjury that the forgoing statements are true and correct.

Prime Contractor/Vendor Signature	Title	Date
Subcontractor/Supplier Signature	**Title**	**Date**