



DISADVANTAGED BUSINESS ENTERPRISE WORK PLAN PROPOSAL FORM 3A

CONTRACT NUMBER	PRIME CONTRACTOR		
PROJECT	DBE START DATE	DBE COMPLETION DATE	
DBE NAME			
ADDRESS			
TELEPHONE NUMBER	NAME OF DBE SUPERVISOR		

WORK TO BE PERFORMED BY THE DBE SUBCONTRACTOR

BID ITEM NO(S)	
ESTIMATED START DATE	ESTIMATED COMPLETION DATE

1. **Personnel Required** - List below the names and/or craft classifications for personnel who will perform. Indicate whether the individual is regularly employed by the DBE, and/or the source from which the individual was or is to be recruited.

2. **Equipment Required** - List below the items of equipment which will be used on the project. Indicate whether the equipment is owned, or will be rented or leased. If rented or leased, consent to the agreement must be obtained prior to beginning of the work.

3. **Supplies and Materials Required** - List the supplies and materials which will be used on the project. Indicate the source by name, address and phone number, from which supplies and materials will be obtained.

4. **Prime Contractor Resources** - Discuss any plans for the DBE to share any resources of the prime contractor, e.g. personnel, equipment, tools, facilities etc.

5. **Additional Information** - Provide comments or explanation of any of the information provided above.

The work plan must be signed by **both** the Prime Contractor and the DBE Subcontractor

SIGNATURE - DBE SUBCONTRACTOR

TYPE OR PRINT NAME

TITLE

DATE

SIGNATURE - PRIME CONTRACTOR

TYPE OR PRINT NAME

TITLE

DATE

REVIEWED BY: _____ DATE _____
DBE FIELD COORDINATOR

REVIEWED BY: _____ DATE _____
ODOT PROJECT MANAGER