

Contract Number R -45455-A
Contract Bid Amount \$1,729,556.00
MBE Goal 7.00%
WBE Goal 5.00%

INDIANA DEPARTMENT OF TRANSPORTATION
IDIQ CONTRACT
MINORITY AND WOMEN'S BUSINESS ENTERPRISES PARTICIPATION PLAN

I do hereby certify that it is the intention of my company to affirmatively seek out and consider certified Minority Business Enterprises (MBE), Women's Business Enterprises (WBE) and Indiana Veteran Owned Small Business (IVOSB) to participate in this contract as subcontractors, lessors, or suppliers of materials or services. No MBE, WBE or IVOSB needs to be identified at the time of bid submittal. However, the electronic Participation Plan forms herein may be used for work order submittals.

I understand and agree that all subcontracting or leasing in connection with this contract, whether undertaken prior to or subsequent to award of contract, will be in accordance with the requirements for the MBE and WBE program and the IVOSB program. The applicable requirements are included in the Standard Specifications and the Special Provisions in the Contract Information Book for this contract. I understand and agree that no subcontracting will be approved or commenced until the Department has reviewed and approved the affirmative actions taken by my company or me. I understand that utilization of certified MBE, WBE and IVOSB is in addition to all other equal employment opportunity requirements of this contract. I acknowledge that this certification is to be made an integral part of this contract.

I hereby certify that I will commit to utilization of firms certified by the State of Indiana as MBE, WBE and IVOSB for a minimum of 7% of the total dollar value of the contract for MBE, for a minimum of 5% of the total contract dollar value for WBE and for a minimum of 3% of the total contract dollar value for IVOSB. (For a listing of MBE, WBE and IVOSB certified firms, refer to the MBE and WBE and IVOSB Public Search Directory found on the IDOA website.) I hereby certify that, prior to issuance of the notice to proceed, I will commit to submission of separate MBE, WBE and IVOSB Participation Plan forms for each work order which list the MBE, WBE and IVOSB to be utilized for each work order, the type of work to be performed, and the actual dollar amount to be paid to the MBE, WBE and IVOSB.

MBE Participation Plan Summary

Project: 2400049
Bid Total: 1,729,556.00
Goal: 7.00% (121,068.92)
Total Entered: 0.00% (0.00)

Bidder ID: 35-1139301
Business Name: E&B Paving

<u>ID</u>	<u>Name</u>	<u>Supp?/Dist?</u>	<u>Item Count</u>	<u>Amount</u>	<u>Is Complete?</u>
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WBE Participation Plan Summary

Project: 2400049
Bid Total: 1,729,556.00
Goal: 5.00% (86,477.80)
Total Entered: 0.00% (0.00)

Bidder ID: 35-1139301
Business Name: E&B Paving

<u>ID</u>	<u>Name</u>	<u>Supp?/Dist?</u>	<u>Item Count</u>	<u>Amount</u>	<u>Is Complete?</u>
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INDIANA DEPARTMENT OF TRANSPORTATION
IVOSB PARTICIPATION PLAN

IVOSB GOAL: 3.00%

Indiana Veteran Owned Small Business Program Compliance: Award of this Contract is based, in part, on the Indiana Veteran Owned Small Business Program ("IVOSB") Participation Plan. The following IVOSB subcontractors will be participating in this Contract:

IVOSB SUBCONTRACTORS TO BE APPLIED TOWARD GOAL

Certified IVOSB Name

Address

Telephone

Pay Item Number

Service Planned:

Actual Dollar Amount to be paid to IVOSB:\$

Certified IVOSB Name

Address

Telephone

Pay Item Number

Service Planned:

Actual Dollar Amount to be paid to IVOSB:\$

Certified IVOSB Name

Address

Telephone

Pay Item Number

Service Planned:

Actual Dollar Amount to be paid to IVOSB:\$

Certified IVOSB Name

Address

Telephone

Pay Item Number

Service Planned:

Actual Dollar Amount to be paid to IVOSB:\$

Total Dollar Amount Credited toward IVOSB Goal:\$

Total Percentage:%

Please Note: Only 60% of the participation of an IVOSB supplier will be counted toward the contract goal.

Company / Bidder Name

Title

Email Address

At the request of IDOA, a copy of each subcontractor agreement shall be submitted to IDOA, mwbecompliance@idoa.in.gov, within thirty (30) days of the request. Failure to provide any subcontractor agreement may also be considered a material breach of this Contract. The Contractor must obtain approval from IDOA before changing the IVOSB participation plan submitted in connection with this Contract.

The Contractor shall report payments made to IVOSB subcontractors under this Contract to IDOA as reasonably requested and in a format to be determined by IDOA.

An Excel file of State of Indiana Veteran Owned Small Businesses is found at:
<http://www.in.gov/idoa/3067.htm>

Information concerning the details of the IVOSB program is available at:
<http://www.in.gov/idoa/mwbe/2862.htm>

Email questions to:
Indianaveteranspreference@idoa.in.gov

Contract Number B -45456-A
Contract Bid Amount \$948,429.00
MBE Goal 7.00%
WBE Goal 5.00%

INDIANA DEPARTMENT OF TRANSPORTATION
IDIQ CONTRACT
MINORITY AND WOMEN'S BUSINESS ENTERPRISES PARTICIPATION PLAN

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MBE Participation Plan Summary

Project: 2400048
Bid Total: 948,429.00
Goal: 7.00% (66,390.03)
Total Entered: 0.00% (0.00)

Bidder ID: 35-1801998
Business Name: CLR Inc.

<u>ID</u>	<u>Name</u>	<u>Supp?/Dist?</u>	<u>Item Count</u>	<u>Amount</u>	<u>Is Complete?</u>
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WBE Participation Plan Summary

Project: 2400048
Bid Total: 948,429.00
Goal: 5.00% (47,421.45)
Total Entered: 0.00% (0.00)

Bidder ID: 35-1801998
Business Name: CLR Inc.

<u>ID</u>	<u>Name</u>	<u>Supp?/Dist?</u>	<u>Item Count</u>	<u>Amount</u>	<u>Is Complete?</u>
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INDIANA DEPARTMENT OF TRANSPORTATION
IVOSB PARTICIPATION PLAN

IVOSB GOAL: 3.00%

Indiana Veteran Owned Small Business Program Compliance: Award of this Contract is based, in part, on the Indiana Veteran Owned Small Business Program ("IVOSB") Participation Plan. The following IVOSB subcontractors will be participating in this Contract:

IVOSB SUBCONTRACTORS TO BE APPLIED TOWARD GOAL

Certified IVOSB Name

Address

Telephone

Pay Item Number

Service Planned:

Actual Dollar Amount to be paid to IVOSB:\$

Certified IVOSB Name

Address

Telephone

Pay Item Number

Service Planned:

Actual Dollar Amount to be paid to IVOSB:\$

Certified IVOSB Name

Address

Telephone

Pay Item Number

Service Planned:

Actual Dollar Amount to be paid to IVOSB:\$

Certified IVOSB Name

Address

Telephone

Pay Item Number

Service Planned:

Actual Dollar Amount to be paid to IVOSB:\$

Total Dollar Amount Credited toward IVOSB Goal:\$

Total Percentage:%

Please Note: Only 60% of the participation of an IVOSB supplier will be counted toward the contract goal.

Company / Bidder Name

Title

Email Address

At the request of IDOA, a copy of each subcontractor agreement shall be submitted to IDOA, mwbecompliance@idoa.in.gov, within thirty (30) days of the request. Failure to provide any subcontractor agreement may also be considered a material breach of this Contract. The Contractor must obtain approval from IDOA before changing the IVOSB participation plan submitted in connection with this Contract.

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