



JACKSONVILLE TRANSPORTATION AUTHORITY
INTENT TO CONTRACT AS A DBE SUBCONTRACTOR/SUBCONSULTANT
PROPOSAL/SOLICITATION NUMBER: _____

Pursuant to DBE policy, businesses participating in the JTA's DBE Program must be certified by the Florida Uniform Certification Program (UCP) at the time of submittal of bid. The firm must be listed in the Florida UCP/DBE directory as a certified DBE firm.
(<http://www3b.dot.state.fl.us/EqualOpportunityOfficeBusinessDirectory/CustomSearch.aspx>)

1. Name of Prime Contractor/Consultant _____
2. Address, City, State and Zip _____
3. FEIN Number of DBE Firm _____ - _____
4. The DBE subcontractor/subconsultant listed below is certified by which member agency within the Florida UCP?
☐ JTA ☐ FDOT ☐ GOAA (Orlando Airport) ☐ Volusia County ☐ Miami/Dade County ☐ Broward County
☐ HCAA (Hillsborough County) ☐ City of Tallahassee ☐ Lee County Port ☐ Key West Airport
5. The undersigned DBE 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):

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 firm:

_____ Name of DBE Firm	_____ Address, City, State and Zip	_____ Telephone
_____ Signature of Owner, President or Authorized Agent of DBE Firm	_____ Printed Name of Signer	____/____/____ Date

DECLARATION OF PRIME CONTRACTOR/CONSULTANT

I HERBY DECALRE 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 business signed this form in the place indicated, and no material facts have been omitted.

Except as authorized by the JTA Diversity & Equity Manager or his/her designee, the undersigned will enter into a formal agreement with the listed DBE business for work indicated by this form prior to the effective start date of the contract. The undersigned will, if requested, provide the JTA Diversity & Equity Manager or his/her designee a copy of that agreement.

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

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

Name of Declarant

Signature

____/____/____
Date