

## Illinois State Toll Highway Authority "ISTHA"

## DBE Utilization Plan – Form 2026

**(1) Policy** - It is ISTHA's policy that Disadvantaged Business Enterprises (DBEs) as defined in the Special Provision shall have the maximum opportunity to participate in the performance of contracts. Consequently the requirements of the Special Provision apply to this contract.

**(2) Obligation** - The contractor agrees to ensure that DBEs as defined in the Special Provision have the maximum opportunity to participate in the performance of contracts or subcontracts. The contractor shall take all necessary and reasonable steps in accordance with the Special Provision to ensure that DBEs have the maximum opportunity to compete for and perform under this contract. The contractor shall not discriminate on the basis of any protected category identified by law in the award and performance of contracts.

**(3) Project and Bid Identification** -- Complete the following information concerning the project and bid:

**Project Description:** \_\_\_\_\_

**Contract Number:** \_\_\_\_\_ **Bid Due Date:** \_\_\_\_\_

**Prime Contractor:** \_\_\_\_\_ **Total Bid Amount:** \_\_\_\_\_

**(4) Assurance** -- I, acting in my capacity as an officer of the undersigned bidder (or bidders if a joint venture), hereby assure The Illinois Tollway that on this project my company will: (check one):

☐

Meet or exceed the DBE contract goal and will provide participation as follows:

Disadvantaged Business Participation

**TOTAL DBE Commitment: \$** \_\_\_\_\_

**DBE Percent of Total Bid Amount: \_\_\_\_\_%**

Attached are the signed statements required by the Special Provision committing to the use of each business participating in this plan and assuring that each business will perform a commercially useful function in the work of the contract.

☐

Failed to meet contract award goals but will demonstrate that good faith efforts were made to meet the goals and that my company will provide participation as follows:

Disadvantaged Business Participation

**Dollar Amount of Waiver Request: \$** \_\_\_\_\_

**Percentage of the total Bid of the Waiver Request: \_\_\_\_\_%**

The bidder is requesting the contract goal be accordingly modified or waived. Attached is all information required by the Special Provision in support of this request. Also attached is Form 2025 - participation statements for each participating DBE indicating the level of participation.

\_\_\_\_\_  
Company Name/Date

By \_\_\_\_\_  
Company Representative/Title

The "as read" Low Bidder is required to comply with the Special Provision. Submit only one utilization plan for each project. The utilization plan and participation statement(s) (Form 2025), **with original signatures**, are to be **submitted with the bid along with a current copy of the DBE letter of certification from an approved agency.** Any subsequent changes, once approved by the General Manager of Diversity, will require resubmission of both Form 2025 and Form 2026.

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# DBE Participation Statement – Form 2025

CONTRACT # \_\_\_\_\_ D/M/WBE Name: \_\_\_\_\_  
 Joint Venture Partner [ ] Manufacturer [ ] Supplier-60% [ ] Subcontractor [ ] Trucking [ ]  
 [ ] Tier I –(under contract to the Prime contractor) [ ] Tier II or below (under contract with \_\_\_\_\_)

This form must be completed for each disadvantaged business participating in the Utilization Plan. Attach this form to the Utilization Plan form. If additional space is needed, complete an additional form for the firm.

| *Pay Item No. | Description (indicate whether furnish only or both furnish and install) | Quantity | Unit Price | Total Contract Amount (\$) | Total DBE Credit Amount (\$)<br>(reduce to 60% of contract amount if firm is a supplier) |
|---------------|---|----------|------------|----------------------------|--|
|               |   |          |            |                            |  |
|               |   |          |            |                            |  |
|               |   |          |            |                            |  |

**\*Contingency items (examples are pay items #1540 through 1549F) must not be included under Pay Items and will not be approved toward DBE goal participation until such time that those pay items have been confirmed as required work of the contract. Direct Allowance items, including but not limited to Mobilization item #JS671010, will not be approved for assignment within the Utilization Plan. Note that these items are not included in the determination of the goal percentage.**

## (1) Partial Payment Items

For any of the above items that are partial pay items, specifically describe the work and subcontract dollar amount:

## (2) Commitment

The undersigned certify that the information herein is true and correct, and that the DBE listed below has agreed to perform a commercially-useful function in the work of the contract item(s) listed above and to execute a contract to that effect with the prime contractor. The undersigned further understand that no changes to the type or scope of work performed by the DBE may be made without the prior written approval from the General Manager of Diversity and that complete and accurate information regarding actual work performed by the DBE on this contract and the payment thereto must be provided to ISTHA's Department of Diversity and Strategic Development. **The Prime Contractor will not assign any of the contract items listed above to a firm other than the DBE identified below without ISTHA's prior written approval. The Prime Contractor must request, in writing, approval by ISTHA's General Manager of Diversity of any proposed amendment to the type or scope of work to be performed by the DBE no later than three business days from the date the prime contractor becomes aware of the circumstances supporting the request. Failure to receive written approval prior to a change in type or scope is a violation of the Special Provision and can subject the contractor to contract sanctions.**

Signature for Prime Contractor \_\_\_\_\_ TITLE \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Revised 3/01/2013

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Signature for DBE \_\_\_\_\_ TITLE \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

CONTRACT NUMBER