



NOTICE TO DESIGN/OTHER CONSULTANTS

Bidder's List of Quoters Collection Form

APPENDIX C

FORM BLDC / DBE C
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In accordance with 49 CFR Part 26, the Department of Public Works (DPW) will establish its Annual DBE goal using a Bidders List. The Bidders List will be a compilation of all quotes received by the Design/Other Consultants during the advertising period. The Bidders List will be used to determine the relative availability of DBEs.

At the time the bid is submitted to the Contracting Officer/DPW, the Design/Other Consultants shall list, on Form BLCC, the quotes received for the project, using additional sheets as necessary. The listing shall include **EACH quoter's name, address, telephone number, age of firm, annual gross receipts of the firm and whether the quoter is a Virgin Islands certified DBE.** FAILURE TO COMPLY WITH THIS REQUIREMENT SHALL RENDER A BID NON-RESPONSIVE AND THE BID SHALL BE REJECTED.

The term "Quoter" shall include subcontractors and suppliers of materials with whom the Contractor contracts directly.

Project Name: _____ Project No.: _____

Bidder/Contractor Name: _____ Address: _____ Telephone#: _____ Email: _____

LISTING OF QUOTERS

FIRM NAME, ADDRESS PHONE NUMBER	DESCRIPTION OF WORK	Dollar Amt. of Bid Proposal	Will Firm Be Used	DBE OR NON- DBE STATUS	AGE OF FRIM	ANNUAL GROSS RECEIPTS
Name: _____ Address: _____ _____ Phone No.: _____ Email _____			___ Yes ___ No	☐ DBE ☐ NON-DBE	___ Less than 1 year ___ 1 - 3 years ___ 4 - 7 years ___ 8 - 10 years ___ more than 10 years	___ Less than \$500K ___ \$500K - \$1M ___ \$1-2M ___ \$2-5M ___ Greater than \$5M
Name: _____ Address: _____ _____ Phone No.: _____ Email _____			___ Yes ___ No	☐ DBE ☐ NON-DBE	___ Less than 1 year ___ 1 - 3 years ___ 4 - 7 years ___ 8 - 10 years ___ more than 10 years	___ Less than \$500K ___ \$500K - \$1M ___ \$1-2M ___ \$2-5M ___ Greater than \$5M

LISTING OF QUOTERS (attach additional sheets if necessary)

FIRM NAME, ADDRESS PHONE NUMBER	DESCRIPTION OF WORK	Dollar Amt. of Bid Proposal	Will Firm Be Used	DBE OR NON- DBE STATUS	AGE OF FRIM	ANNUAL GROSS RECEIPTS
Name: _____ Address: _____ _____ Phone No.: _____ Email _____			___ Yes ___ No	☐ DBE ☐ NON-DBE	___ Less than 1 year ___ 1 – 3 years ___ 4 – 7 years ___ 8 – 10 years ___ more than 10 years	___ Less than \$500K ___ \$500K - \$1M ___ \$1-2M ___ \$2-5M ___ Greater than \$5M
Name: _____ Address: _____ _____ Phone No.: _____ Email _____			___ Yes ___ No	☐ DBE ☐ NON-DBE	___ Less than 1 year ___ 1 – 3 years ___ 4 – 7 years ___ 8 – 10 years ___ more than 10 years	___ Less than \$500K ___ \$500K - \$1M ___ \$1-2M ___ \$2-5M ___ Greater than \$5M
Name: _____ Address: _____ _____ Phone No.: _____ Email _____			___ Yes ___ No	☐ DBE ☐ NON-DBE	___ Less than 1 year ___ 1 – 3 years ___ 4 – 7 years ___ 8 – 10 years ___ more than 10 years	___ Less than \$500K ___ \$500K - \$1M ___ \$1-2M ___ \$2-5M ___ Greater than \$5M

The undersigned hereby declares that the information set forth on this form is current, complete and accurate.

Authorized Signature: _____

Date: _____

Printed Name: _____

Title: _____