



OFFICE OF SUPPLIER DIVERSITY
CITY OF NEW ORLEANS

Contract Compliance Form-3 | **PARTICIPATION PLAN**

Contact Office of Supplier Diversity for questions on completing this form.
 Via email: supplierdiversity@nola.gov

RESPONDENTS: *This completed form must be furnished to the Bureau of Purchasing with your proposal. You must complete every section of the form. If a section is not applicable to your proposal, you must explain why it is not applicable. You must submit your response on the Responsiveness Form 3. If you do not meet the set expectations listed, your proposal will be deemed non-responsible. You may use additional pages as warranted. To ensure proper calculations, forms MUST be completed electronically. Forms can be submitted via the BRASS Portal or in-person at the Bureau of Purchasing.*

RFP/RFQ/Solicitation #: _____

Date: ____/____/____

Description: _____

Name of Respondent: _____

Please check the appropriate space:

The respondent is committed to the contract goal of ____% DBE utilization. (If selected, you must complete and submit DBE Compliance Form 1 in order to be awarded a contract)

The respondent is unable to meet the DBE contract goal, but is committed to a minimum of ____% DBE utilization and will submit documentation demonstrating good faith efforts. (If selected, you must complete and submit Compliance Form 1 and/or Compliance Form-2 along with all required supporting documentation in order to be awarded a contract)

SECTION I - DBE COMMITMENT TO CONTRACT GOAL: You must list all DBE firms that you have identified to participate on the contract. **PLEASE NOTE: Every DBE firm listed must be utilized on the project. To remove and/or replace a DBE firm you must submit a Modification Request (Form 4) and receive approval from the Office of Supplier Diversity to remove and/or replace the firm. The listed DBE firm(s) must have a current and active certification for the given scope of work. A lack of certification for the provided scope will result in no DBE credit for those services.**

*If you have more than seven DBE firms, please fill out the 'Additional DBE Firms' table at the bottom of this document.

Name of DBE Firm	Phone	Certification (SLDBE or LAUCP)	Scope of Work To Be Performed by the DBE (including cost and % of contract)		
			Description/Scope	Cost	% of Contract
1.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
2.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%



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Name of DBE Firm	Phone	Certification (SLDBE or LAUCP)	Scope of Work		
			To Be Performed by the DBE (including cost and % of contract)		
			Description/Scope	Cost	% of Contract
3.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
4.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
5.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
6.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
7.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
OVERALL TOTAL:				\$	%



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SECTION II - DBE CONFIRMATION: For the DBE firms listed above, please provide the name and signature of the firm's authorized representative. The listed DBE firm(s) also acknowledge(s) that they have a current and active certification for the given scope of work. A lack of certification for the provided scope will result in no DBE credit for those services.

Name of DBE Firm	Name of DBE Firm's Authorized Representative	Signature of DBE Firm's Authorized Representative	Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

SECTION III - SPECIFIC PORTIONS OF WORK IDENTIFIED FOR DBE SUBCONTRACTOR: You must list all selected scopes or portions of work that you identified to be performed by DBE(s) and the estimated percentage value of each scope of work identified in order to increase the likelihood of meeting the contraContractvaluect goal for this project.

Scope or Portions of Work Identified For DBE Participation	Estimated % of Contract Value
1.	%
2.	%
3.	%
4.	%
5.	%
6.	%
7.	%
8.	%
9.	%
10.	%
TOTAL	%



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SECTION IV - PAST PERFORMANCE: You must provide details of your firm's past performance in compliance with DBE goals.

Agency Name	Project Name	Completion Date	DBE Participation Achieved	OSD Verification

SECTION V - OTHER: Please provide narrative details of any other efforts your firm will conduct to attain the DBE goal.



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Name of DBE Firm	Phone	Certification (SLDBE or LAUCP)	Scope of Work		
			To be performed by DBE (including cost and % of contract)		
			Description/Scope	Cost	% of Contract
8.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
9.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
10.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
11.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
12.			1.	\$	%
			2.	\$	%
			3.	\$	%
			DBE TOTAL:	\$	%
OVERALL TOTAL (including first 7 firms):				\$	%