THE PORT AUTHORITY OF NY & NJ

OFFICE OF BUSINESS DIVERSITY AND CIVIL RIGHTS

APPENDIX A3: MODIFIED DBE PARTICIPATION PLAN AND AFFIRMATION STATEMENT

PA 4242 / 06-16

Instructions: Submit one MODIFIED DBE PARTICIPATION PLAN AND AFFIRMATION STATEMENT form for each DBE firm used on this Contract. To avoid undue repetition, the following terms, as used in this Agreement, shall be construed as follows: Bidder/Proposer/Respondent - can be used interchangeably and signify any Contractor, Consultant, Supplier, or Vendor who submits a response to this solicitation.

CONTRACT NUMBER AND TIT	LE:			
BIDDER: Name of Firm:				
		Telephone:		
Email Address:				
DBE : Name of Firm:				
Address:Telephone:				
Description of work to be performed	byDBE:			
Calculation (supply only):				
		estimated dollar value of this work is \$ or and the anticipated completion date is		
	AFFIRMATION of DBE			
The above-named DBE affirms that i	t will perform the portion of the Contract for the estimated	d dollar value as stated above.		
Ву:				
Signature of Principal or	Officer of DBE – Print Name and Title	Date		
	•	ed DBE Participation Plan and Affirmation Statement shall be null and vo		
Modified DBE Participation Plan an may prevent the company and/or th	d Affirmation Statement and the information contained i e undersigned from being found to be responsible Bidd	(company name), certify that I have read the Appendix A3 n it is true. I fully understand that any false statement within this submers/Proposers in connection with future agreements. In addition, any farges in the state and federal courts of New York and New Jersey.		
Signature of Bidder	Title	Date		
•	nditure to a DBE material supplier will be counted toward work. Plan cannot be accepted without calculation.	rd the DBE goal. Please show calculation above. Example: \$100,000 x		

Officer of Bidder must have ACKNOWLEDGEMENT BY NOTARY PUBLIC completed on the reverse side.

ACKNOWLEDGMENT BY NOTARY PUBLIC

APPENDIX A3 MODIFIED DBE PARTICIPATION PLAN AND AFFIRMATION STATEMENT (reverse)

	STATE OF)SS:
thebe the indivi		, of	, before me, the above undersigned, personally appeared,
capacity. Name of No	tary (print)		
(Affix Notai	ry Stamp Here)		
My Commis	ssion Expires		Notary Signature (Date)