

BF-A

BIDDERS LIST

Bidder: _____ **IFB No.:** _____

The Bidder is to complete all requested information on this **“Bidders List”** for every firm who submitted a bid, or quote, including the primary Bidder and submit this information at the time of bid submission. However, if not elected to do so at the time of bid submission, Bidders must submit such information within 48 hours of bid submission. **The “Bidders List” content will not be considered in evaluating the bid or determining award of any contract.**

• Prime Bidder’s Information:	
Name of Prime’s Firm:	• Phone: ()
• Firm Address:	• Fax: ()
Number of years in business:	Type of work/services/materials provided:
Contact Person:	Title:
Is the firm currently certified as a DBE under 49 CFR Part 26? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check the box below for your firm’s annual gross receipts last year:
	<input type="checkbox"/> Less than \$1 million
	<input type="checkbox"/> Less than \$5 million
	<input type="checkbox"/> Less than \$10 million
	<input type="checkbox"/> Less than \$15 million
	<input type="checkbox"/> More than \$15 million

• Provide the following information for every firm (DBE and non-DBE) that submitted a bid or quote on this DOT-assisted project, whether successful or unsuccessful in their attempt to obtain a contract:	
Firm Name:	• Phone: ()
• Firm Address:	• Fax: ()
Number of years in business:	Type of work/services/materials provided:
Contact Person:	Title:
Is the firm currently certified as a DBE under 49 CFR Part 26? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check the box below for your firm’s annual gross receipts last year:
	<input type="checkbox"/> Less than \$1 million
	<input type="checkbox"/> Less than \$5 million
	<input type="checkbox"/> Less than \$10 million
	<input type="checkbox"/> Less than \$15 million

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• Provide the following information for every firm (DBE and non-DBE) that submitted a bid or quote on this DOT-assisted project, whether successful or unsuccessful in their attempt to obtain a contract:

Firm Name:	• Phone: ()
• Firm Address:	• Fax: ()
Number of years in business:	Type of work/services/materials provided:
Contact Person:	Title:
Is the firm currently certified as a DBE under 49 CFR Part 26? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check the box below for your firm's annual gross receipts last year:
	<input type="checkbox"/> Less than \$1 million
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	<input type="checkbox"/> Less than \$10 million
	<input type="checkbox"/> Less than \$15 million
	<input type="checkbox"/> More than \$15 million

If necessary, this "Bidders List" form can be duplicated to include all firms (DBE and non-DBE) that have submitted a bid or quote on this project, whether successful or unsuccessful in their attempt to obtain a contract.

Failure of the Bidder to submit the required "Bidders List" form will deem the Bidder/Offeror non-responsive.