

DBE GOAL FORM

Agreement Title

Agreement Number

Agreement Term

Brief Description of Scope of Work

Contact information for individual who will be responsible for Contractor's monthly DBE reporting

Name

E-mail

Primary Phone Number

Contractor's DBE Goal Summary

Total Value of Agreement

Total spend and percentage of Agreement value planned with DBE Subcontractors (this should equal the sum of the individual amounts provided below)

\$

%

Total spend and percentage of Agreement value planned with DBE subcontractors by category

MBEs (minorities, male and female)

\$

%

WBEs (non-minority female)

\$

%

SDVBEs (service disabled veterans)

\$

%

LGBTBEs (lesbian, gay, bisexual or transgender)

\$

%

SBA 8(a) (disadvantaged)

\$

%

NOTE: The estimated total DBE spend will be adjusted using the above percentages for any change in Agreement value.

By signing below, Contractor represents and warrants that: a) Contractor shall maintain all necessary documents and records to demonstrate efforts to achieve the above DBE goals, b) Contractor is responsible for identifying, soliciting, and qualifying appropriate certified DBE subcontractors, to the extent necessary to meet Contractor's DBE goal, and c) the above information is true and correct to the best of its knowledge.

Signature

Name and Title

Company Name

E-mail Address/ Phone Number

Date

SUBCONTRACTOR INFORMATION

Duplicate this form for EACH DBE subcontractor by selecting "Copy Form" button at bottom of page

Subcontractor Name

Address

City

State

Zip Code

Products/Services to be provided

Owner Name and Title

Primary Ethnicity/DBE Category

African American

Asian Pacific American

Hispanic American

Native American

Multi-Ethnic

Non-Minority Female

Service Disabled
Veteran

Lesbian, Gay,
Bisexual, Transgender

SBA 8 (a)
(disadvantaged)

Primary
Gender

Male

Female

N/A

CERTIFICATIONS

Suppliers can hold multiple verifications; complete all that apply

CPUC Supplier Clearinghouse Verification Number (minority male or female, non-minority female, LGBT or SBA 8(a) owned businesses)

Verification Number (VON)

Expiration Date

California DGS (OSDS) Verification Number (service disabled veteran owned businesses)

Verification Number (VON)

Expiration Date

For questions or assistance on the subcontracting goal, contact Supplier Diversity at supplierdiversity@sempra.com with your requirements and specifications, work location, planned spend, start date, etc. Please reference the RFP or Agreement number and the contracting agent name in your e-mail.
