**NJDOT Local Aid**

**DBE/ESBE Goal Request**

Instructions: LPA Design Consultant shall complete form and submit to Local Aid Project Manager

 Local Aid Project Manager will submit goal request to NJDOT Procurement.

**To: Procurement - Construction Services**

**(****Mario.Serenelli@dot.nj.gov** **&** **CSPD@dot.nj.gov** **&** **Gary.Vetro@dot.nj.gov****)**

**From**: Local Aid Project Manager, (Insert Name, Title, Local Aid District)

**Email:** Click or tap here to enter text.

**Date**: Click or tap to enter a date.

**Phone**: Click or tap here to enter text.

**Subject: Request for DBE/ESBE Goals (FHWA Funded Project)**

Attached is the Final Design Engineer’s Estimate. The Estimate should be considered confidential and should only be made available on a need-to-know basis.

Project Name: Click or tap here to enter text.(Full Description from the Key Sheet & Contract Number)

Municipality/County: Click or tap here to enter text.(List municipality & County where project is located.)

Federal Project Number: Click or tap here to enter text. (Construction Federal Project Number)

NJDOT Job Number: Click or tap here to enter text. (From NJDOT Project Manager)

Classification Type(s): Click or tap here to enter text.(Insert type from Classification Codes Worksheet)

Engineer’s Estimate: **$**Click or tap here to enter text.(Final Design Engineer’s Estimate)

LPA Designer Name and Contact Information:

**Note:** Each addressee shall complete the form and forward within 5 calendar days after the date received.

Please indicate potential subcontracting opportunities for the items in this project directly on the Engineer’s Estimate that is attached hereto and forward the marked-up Estimate to the Division of Civil Rights who will determine the DBE or ESBE Goal.

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 Mario Serenelli, Manager, Procurement – Construction Services Date Received

**To**: **Division of Civil Rights & Affirmative Action – Contract Compliance Unit**

 DBE GOAL: \_\_\_\_\_\_\_\_\_\_% **OR** ESBE GOAL: \_\_\_\_\_\_\_\_\_\_\_%

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 Division of Civil Rights & Affirmative Action Date Received

The completed form is to be forwarded electronically to the NJDOT Local Aid Project Manager who will provide a copy to the LPA/LPA Consultant.

**To**: NJDOT Project Manager *(Insert Name and EMAIL*) Date Rec’d: \_\_\_\_\_\_\_\_\_\_\_\_

Attachment

cc: Q. Viernes, G. Vetro