



ATTACHMENT D

PROPOSER INFORMATION FORM

CCRTA is required pursuant to 49 CFR Part 26(c) to create and maintain a comprehensive Proposer List. This Proposer's List of information aims to compile as accurate data as possible about the universe of Disadvantaged Business Enterprise (DBE) and non-DBE contractors and subcontractors seeking to work on CCRTA's federally assisted contracts. This will be used to help the CCRTA set its overall goals and to provide the USDOT with data for evaluating the extent to which the DBE objectives (§ 26.1) are achieved.

***Subcontractor(s) must also complete an individual Proposer Information Sheet.**

To Be Completed By Proposer		
Business Name:		
Street Address:		
City, State, Zip Code:		
Proposer's Primary Contact		
Name:		
Title:		
Business Phone (with area code):		
Mobile Phone (with area code):		
E-mail Address:		
Business Data and Work Description		
(If Applicable) Unique Identity ID # (12-character alphanumeric ID assigned to an entity by SAM.gov.)		
Federal Employer Identification Number (FEIN) and/or Taxpayer Identification Number (TIN)		
Is the Business a subsidiary:	Yes:	No:
If yes, name the Holding/Parent Company:		
Number of years in business:		



List the Company's Commodity/NAICS Code and Corresponding Index Entry:			
Business Annual Gross Receipts:		Place an "X" in the box below that best applies to your business.	
<\$500,000	\$500,000-\$1 million	\$1 million-\$2 million	
\$2 million-\$5 million	\$5 million-\$10 million	>\$10 million	
Is this business a certified DBE under the Texas Unified Certification Program (TUCP)	Yes:	No:	
Certification Agency and Date:	Agency:	Date:	
Assigned NAICS Code(s):			
Will the firm subcontract any work, services, and/or materials?	Yes:	No:	
*If yes, then the Subcontractor(s) <u>must also</u> complete an individual Proposer Information Form.			
Authorized Signatory (If different from Primary Contact)			
Name:			
Title:			
Business Phone (with area code):			
Mobile Phone (with area code):			
E-mail Address:			

Signature	
The undersigned hereby declares that the information set forth on this form is current, complete, and accurate.	
Authorized Signature:	Date:
Printed Name:	Title: