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| **COLORADO DEPARTMENT OF TRANSPORTATION**  **REQUEST FOR SUBLET** | | | | | | | | Prime Contractor Name & Address: | | | | | | | | | Project Number: |
| SA: |
| A Form 205P must be submitted for each subcontract, agreement or purchase order entered into for the completion of work, services or supplies on the project. In accordance with FHWA Form 1273, no subcontractor/subconsultant/supplier shall participate on the project until this form has been submitted and approved. Each 205P will be evaluated to ensure that the Contractor’s organization is performing 30% or more of the original contract amount. | | | | | | | | | | | | | | | | | |
| Original Bid Amount:  $ | | | | Total Amount Sublet to Date (Including this Subcontract):  $ | | | | | | | **Federal Sublet Limit Calculation** (Amount Sublet/Bid)  % | | | | | | |
| **Subcontract Information** | | | | | | | | | | | | | | | | | |
| Firm Name: | | | | | | Address: | | | | | | | Start Date: | | | End Date: | |
| Contract #: | | | Subcontract Tier: | | | Will a portion of this subcontract be sublet?  Y  N | | | | | | | Replacement Contract?  Y  N | | | | |
| Status (Check all that apply):  DBE  ESB  Subconsultant  Subcontractor  Manufacturer  Dealer  Trucking Firm | | | | | | | | | | | | | Replacing a DBE?  Y  N | | | | |
| **DBE Information:** | | | Certification Number: | | | | | | Certified Work Codes: | | | | | | | | |
| WBS Number | Item Description  (Attach additional pages or computer list if necessary) | | | | | | | | | | | Location | | | Amount Per Item | | |
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| **Subcontract Total:** | | | | | | | | | | | | | | |  | | |
| **Subcontract Percent of Original Bid Amount:** | | | | | | | | | | | | | | |  | | |
| **Amount of subcontract eligible toward DBE Goal\*** | | | | | | | | | | | | | | |  | | |
| \* Calculation of Eligible DBE Payments | | Supplier - Manufacturer | | | Supplier - Regular Dealer | | Broker or Agent | | | Lower Tier Subcontract | | | | Trucking | | | |
| 100% of Contract Amount | | | Contract Amount x 60% | | Only actual compensation retained by the DBE | | | Eligible contract amount less subcontracts to non-DBEs | | | | Contract amount less any non-DBE performance | | | |
| **Prime Contractor** | | | | | | | | | | | | | | | | | |
| In accordance with CDOT Road and Bridge Specification 109.06, my company shall make timely payments to lower tier contractors, consultants and suppliers. To document such compliance, my company shall submit a Monthly Prompt Pay & GFE Summary, Form 16P for each partial payment received by CDOT. I understand that CDOT may withhold payments if my company fails to comply with these requirements. I declare under penalty of perjury in the second degree and any other applicable state or federal laws that the statements made in this document are true and complete to the best of my knowledge and that I have the authority to commit my company to statements made herein. I further certify that I have read, understood and provided all direct subcontractors, subconsultants and suppliers with a copy of FHWA Form 1273. | | | | | | | | | | | | | | | | | |
| Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| **Subcontractors/Subconsultants/Supplier** | | | | | | | | | | | | | | | | | |
| I understand that all terms and conditions of the contract between CDOT and the prime contractor shall apply to any contracts, agreements and purchase orders entered into by my company for this project and that, if applicable, I must pay any lower tier contractors, consultants and supplier in accordance with CDOT Road and Bridge Specification 109.06. I declare under penalty of perjury in the second degree and any other applicable state or federal laws that all statements made in this document pertaining to my company’s contract and work performance are complete, true and accurate and that I have the authority to commit my company to statements made herein. I further certify that I have read, understood and provided all direct subcontractors, subconsultants and suppliers with a copy of FHWA Form 1273. | | | | | | | | | | | | | | | | | |
| **TIER 1:** Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| **TIER 2:** Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| **CDOT Subcontract Approval** | | | | | | | | | | | | | | | | | |
| This request is approved subject to the terms of the Prime Contractor’s contract with CDOT. Nothing in this request shall create a contractual relationship between CDOT and the subcontractor/subconsultant/supplier. CDOT’s approval of this request is not an endorsement of the subcontractor/ subconsultant/supplier and does not relieve the Prime Contractor of any responsibilities of the contract. | | | | | | | | | | | | | | | | | |
| Regional Civil Rights Office Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |