



TGB & Veteran-Owned Business Description of Work (Exhibit A) and Field Monitoring Report

A contract will not be awarded to the Prime Contractor unless this form is submitted for each TGB and Veteran-owned business participating in the contract. This form is complete when the TGB or Veteran-owned business subcontractor has filled in **all of the applicable information in sections A and B, and signs in section C.** PLEASE PRINT CLEARLY OR TYPE.

**Section (A): (All TGB & Veteran-Owned Subcontractors and Suppliers, including Trucking firms must complete this Section.)
MUST BE COMPLETED BY THE PRINCIPAL**

Check One: TGB or Veteran-Owned Business

Letting Date: _____ State Project Number: _____

Prime Contractor: _____ Phone #: _____

TGB/Veteran Subcontractor: _____ Phone #: _____

TGB/Veteran Principal Name: _____ Total Subcontract \$: _____

TGB/Veteran Participation Claimed: Percent _____ % Amount _____

1. Did you bid and sign a subcontract agreement with the above-named prime contractor? _____
2. Are the items, quantities, and prices listed on the subcontract agreement or affidavit correct? _____
3. List the line items to be performed: _____

4. Are there any other agreements not addressed in the subcontract? If yes, please explain: _____

5. If equipment to be used on this contract is not owned by the TGB/Veteran-owned business, please provide the following information:
 - a. Will the renting or leasing include any of the following: (Attach a copy of the lease/rental agreement(s)).
Equipment _____ Insurance _____ Operator _____ or Maintenance _____
 - b. Lessor's name: _____
Amount to be paid: _____ Number of days to be used: _____
6. Will there be any other firm(s) providing work listed in your subcontract?
If yes, answer the following: Firm's Name: _____ \$ amount of the work: _____
7. What is the name of the person supervising your work on this project? _____
Is this your employee? _____
8. How many people will you be employing on this project? _____ Minorities: _____ Females: _____
9. Total dollar amount of materials to be supplied? _____
10. Who are you purchasing the materials from? _____
11. Please submit Purchase Agreement and/or Purchase Order from manufacturer(s) or primary material supplier(s).
NOTE: This Exhibit 'A' will not be approved without the Purchase Agreement/Purchase Order.
12. Please list all subcontracts that your firm will be performing during the current construction season including contracts that are not in the TGB or Veteran-owned Business Programs (attach additional sheet if necessary)

	Project Number	Prime Contractor	Project Location	# of Working Days
1.				
2.				
3.				

Section (B): TO BE COMPLETED ONLY BY THE TGB OR VETERAN-OWNED BUSINESS TRUCKER

1. The number of hours contracted or quantities to be hauled on this project? _____
2. How many fully operational units will be used on this Project? _____ (Tractor/trailers: _____ Dump trucks: _____)
3. How many fully operational units will be yours? _____ (Dump trucks: _____ Tractors/trailers: _____)
4. How many other units will be yours? _____ (Tractors: _____ Trailers: _____)
5. If ITO's or trucking companies are to be used on this project answer the following (attached additional sheet if necessary):

	Name of ITO/Company	Dollar Amount of Contract/Agreement	Number of Dump Trucks, Tractors/Trailers (specify)
1.			
2.			
3.			

Section (C): (All TGB and Veteran-owned Subcontractors and Suppliers, including Trucking firms, must complete Section C.)

I hereby certify that the information presented above is correct. I agree to inform the Office of Civil Rights in writing of any changes within 10 days of the change(s).

Company: _____

Principal: _____
Signature
Title
Date

Section (D): TO BE COMPLETED BY MnDOT OFFICE OF CIVIL RIGHTS STAFF PERSON

Project Number: _____ District # _____

MnDOT OCR Staff Person: _____ Phone No. _____

Project Engineer: _____ On-site Phone #: _____

Office Phone #: _____

Section (E): TO BE COMPLETED BY PROJECT ENGINEER WHEN THE TGB OR VETERAN-OWNED BUSINESS HAS COMPLETED 1/3 TO 1/2 OF ITS WORK ON THE CONTRACT

1. Does it appear that the firm is performing the work specified in (Exhibit "A") description of work?
Yes _____ No _____
2. Does it appear that the subcontractor is managing their portion of the project and using their own company employees?
Yes _____ No _____
3. Does it appear that the subcontractor is providing the equipment for their items of work or other work specified?
Yes _____ No _____
4. Does it appear that the quality of the subcontractor's performance, scheduling and project management are meeting industry standards? Yes _____ No _____
5. Comments: _____

NOTE: If you, as the Project Engineer, have checked "NO" to any of the above questions or have any other comments, it is important that you contact the MnDOT Office of Civil Rights Staff Person assigned to this project.

Project Engineer: _____ Date: _____