**Design Consultant Letterhead**

**or**

**NJDOT Memo format**

**To: Procurement - Construction Services**

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

**From**: Click or tap here to enter text. (Designer’s Name, Title, Unit or Consultant Firm)

**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 in CES)

**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: \_\_\_\_\_\_\_\_\_\_\_%

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Division of Civil Rights & Affirmative Action Date Received

**Civil Rights:** The completed signed form shall be forwarded electronically to the Requestor(s)/Designer(s), Project Manager(s), Tom Kondash, as well as any additional individuals listed below

**To**: Designer Date Rec’d: \_\_\_\_\_\_\_\_\_\_\_\_

**---------------------**

Attachment

cc: T. Kondash (only CPM projects), NJDOT Project Manager (Insert Name), Q. Viernes, A. Patel, G. Vetro