

COMMUNITY BUSINESS DEVELOPMENT PARTNERS MILWAUKEE COUNTY

COMMITMENT TO CONTRACT WITH DBE

(This form is to be completed by the bidder/proposer and the DBE named for submission with bid/proposal)

PROJECT No.: WH23401

PROJECT TITLE: McDOT Highway Billing System Replacement

TOTAL CONTRACT AMOUNT: \$329,000

DBE Goal: 10%

| | I Coope of Work | DDE Cantural | . O/ - 6 T - 1 - 1 |
|--|---|---|---|
| Name & Address of DBE ^(*) | Scope of Work Detailed Description | DBE Contract Amount | % of Total Contract |
| Urban GIS | Cityworks Implementation, GIS Support, | \$30,000 | 10% |
| 1143 West Rundell Place, Suite 301 | and Data Development | φου,υου | 1076 |
| Chicago, IL 60607 | | | - |
| (* Separate commitment form must be completed for each DBE firm) | | | |
| Bidder/Proposer Commitment (To be completed by firm committing work to DBE) | | | |
| I certify that the DBE firm listed quoted the ident with, and having received confirmation, on part Technical Services Inc. (Phone No.312-373-7 listed, for the service(s) and amount(s) specifies that of the named DBE will be submitted direct contract. The information on this form is true and fraudulent statement, or misrepresentation will residually signature of Authorized Representative | tnering, pricing and delivery from DBE firm list (700), or one of our subcontractors, will enter in the dwhen awarded this contract. A copy of the cally to CBDP within seven (7) days from receipted accurate to the best of my knowledge. I further | ted herein. Our finto contract with the contract between of Notice-to-Product of Notice-to-Product understand that law. 2/25/2015 Date | rm AECOM ne DBE firm our firm and beed on this falsification, |
| Signature of Notary Public OFFICIAL SEAL JAQUENETTE M COLLINS [SEAL] NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:04/15/15 | | | |
| * Only firms certified as DBEs (within qualifying NAICS codes) by the State of Wisconsin UCP prior to bid/proposal opening will be credited on this contract | | | |
| DBE Affirmation (To be completed by DBE Owner/Authorized Representative) | | | |
| I affirm that the State of Wisconsin UCP in the State of Wisconsin UCP Directory I acknowledge and accept this commitment herein, as put forth by <u>AECOM Technic</u> I understand and accept that this commitment | has certified our company as a DBE, and that c | our company is cur nd dollar amount(| s) specified |
| I office that seement from ODDD attitude | | , | |

Signature of Authorized DBE Representative Name & Title of Authorized DBE Representative Date FOR CBDP USE ONLY Commitment number ____ of ____ (V) \$____ Project Total: Total % Verified with: Signature Date

I affirm that approval from CBDP will be obtained prior to subletting any portion of this work awarded to my firm on

DBE-14 (12/01/14) Previous Editions Obsolete

Authorized Signature

Date