

## Exhibit A - Description of Work and Field Monitoring Report

Check One:  TGB  Veteran-owned Small Business (VET)

### MUST BE COMPLETED BY THE TGB/VET FIRM PRINCIPAL

This contract will not be awarded to the Prime Contractor unless this form is submitted with a signed subcontract, purchase order, or affidavit for each TGB or Veteran-owned firm (VET) participating in the contract. This form is complete when the TGB or VET subcontractor has filled in **all of the applicable information in sections A through D and signed in section E.**

PLEASE PRINT CLEARLY OR TYPE

**Section (A):** (ALL TGB/VET subcontractors, including trucking firms and suppliers must complete this section.)

Letting Date: \_\_\_\_\_ State Project Number: \_\_\_\_\_  
 Prime Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 TGB/VET Subcontractor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 TGB/VET Principal Name: \_\_\_\_\_ Total Subcontract \$: \_\_\_\_\_  
 TGB or VET Participation Claimed: \_\_\_\_\_ Percent \_\_\_\_\_% Amount \_\_\_\_\_

**Section (B):** (All TGB/VET subcontractors, including trucking firms and suppliers, must complete this section.)

1. Did you bid and sign a subcontract agreement with the above-named prime contractor? \_\_\_\_\_
2. List the scope(s) of work to be performed and the associated North American Industry Classification System (NAICS) codes for each scope: (attach separate sheet if additional room is needed)

Scope of Work	Associated NAICS Code

3. If the equipment to be used is not owned by your firm, please provide the following information:
  - a. Will you be renting or leasing include any of the following: (Attach a copy of the lease or rental agreement(s).  
 Equipment \_\_\_\_\_ Insurance \_\_\_\_\_ Operator \_\_\_\_\_ or Maintenance \_\_\_\_\_
  - b. Lessor's name: \_\_\_\_\_  
 Amount to be paid: \_\_\_\_\_ Number of days to be used: \_\_\_\_\_
4. Will there be any other firm(s) providing work listed in your subcontract for this project? YES \_\_\_ NO \_\_\_  
 If yes, answer the following: Firm's Name: \_\_\_\_\_ \$ amount of the work: \_\_\_\_\_
5. What is the name of the person supervising your work on this project? \_\_\_\_\_  
 Is this your employee? \_\_\_\_\_
6. Is your firm purchasing materials (including Bulk Materials such as A/C Oil, Cement, Gravel, etc.) to be supplied or installed on the project? YES \_\_\_ NO \_\_\_  
 If YES, complete **Section (C)** below

**Section (C)** To be completed by all TGB/VET firms purchasing or supplying materials on the project.

Please submit Purchase Agreement, Materials Invoice, and /or Purchase Order from manufacturer(s) or primary material supplier(s).

**NOTE: This Exhibit A will not be approved without the Purchase Agreement, Materials Invoice, or Purchase Order.**

1. What material(s) are you supplying? \_\_\_\_\_
2. Total dollar amount of materials to be supplied? \_\_\_\_\_
3. Who are you purchasing the materials from? \_\_\_\_\_
4. What is the quantity of material to be purchased? \_\_\_\_\_
5. Where are the materials being delivered? (ie. project site or plant) \_\_\_\_\_

6. Is the delivery equipment owned and operated by your firm? YES \_\_\_\_\_ NO \_\_\_\_\_  
If not, who owns and operates the equipment? \_\_\_\_\_

**Section (D) TO BE COMPLETED ONLY BY TGB/VET TRUCKING FIRMS AND MATERIAL HAULERS**

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? \_\_\_\_\_ (Tractor/trailers: \_\_\_\_\_ Dump trucks: \_\_\_\_\_)
4. How many other units will be yours? \_\_\_\_\_ (Tractors: \_\_\_\_\_ Trailers: \_\_\_\_\_)
5. How many ITOs will be used on this project? \_\_\_\_\_ (Tractor: \_\_\_\_\_ Trailers: \_\_\_\_\_ Dump trucks: \_\_\_\_\_)

	Name of TGB/VET ITOs (add a list if necessary)	Dollar Amount of Contract/Agreement	Number of Dump Trucks, Tractors/Trailers (specify)
1.			
2.			
3.			
4.			

**Section (E):** (All TGB/VET subcontractors, including trucking firms and suppliers, must complete this section.)

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

Certified Business: \_\_\_\_\_ Firm Principal: \_\_\_\_\_

\_\_\_\_\_  
Signature Title Date

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

Revised by OCR: \_\_\_\_\_ OCR Main Phone No: 651-366-3073

Email for OCR Forms: OCRFormSubmissions.DOT@state.mn.us

**Section (G): TO BE COMPLETED BY PROJECT ENGINEER WHEN THE TGB/VET'S PORTION OF WORK IS 1/3 TO 1/2 COMPLETED**

1. Does it appear that the TGB/VET firm is performing the work specified in (Exhibit "A") description of work?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Does it appear that the TGB/VET contractor is managing their portion of the project and using their own company employees?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Does it appear that the TGB/VET firm is providing the equipment for their items of work or other work specified?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Does it appear that the TGB/VET's performance, scheduling and project management are meeting industry standards?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. If the TGB/VET firm is supplying materials, are the quantities proportionate for what is required on the project (refer to **Section C** above)? Yes \_\_\_\_\_ No \_\_\_\_\_
6. 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: \_\_\_\_\_