50% DBE Reimbursement
FFY2025 APPLICATION

DBE Applicant Use Only	
DBE Firm Name:	**DBE Certification Number:**
Owner of DBE Firm:	**IRIS Vendor ID:**
Mailing Address:	
Email:	**Phone Number:**
DBE Firm registered on Bidders Registration List? ☐ Yes ☐ No (submit Bidders Registration before submitting application)	
Total Paid (all expenses added up): $	**Total Requested (50% of total or max $2,500):** $
Filled out by:	**Title:**
Signature:	**Date:**

Civil Rights Office Use Only	
Date received:	☐ **Registered on Bidders Registration**
Total amount (not to exceed $2,500): $	☐ **Proof of payment(s) attached**
Approved/Denied (Reason):	☐ **Invoice(s) attached**
Date Applicant Notified:	☐ **Application complete**
CRO DBE Staff Name:	**Title:**
Signature:	**Date:**

Examples on How to Fill out Expenses				
Expense/Vendor	**Unit Price**	**Total Paid**	**Date Paid or Months**	**Attachment(s)** **Invoice ☐ Bank Info ☐**
Alaska SBDC Training	$0.00	$100	10/01/2023	Invoice ☒ Bank Info ☒
AGC Annual Membership	$150	$150	12/15/2023	Invoice ☒ Bank Info ☒
Intuit Tax Preparation	$50	$200	January to April	Invoice ☒ Bank Info ☒
Norton 360 Anti-Software	$60	$300	January to May	Invoice ☒ Bank Info ☒
QuickBooks	$35	$105	October to March	Invoice ☒ Bank Info ☒

Use this Page to Fill out Expenses				
Expense/Vendor	**Unit Price**	**Total Paid**	**Date Paid or Months**	**Attachment(s)** **Invoice ☐ Bank Info ☐**
	$	$		Invoice ☐ Bank Info ☐
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