



Complete the application and attach the supporting documents. See page 2 for detailed instructions.

Name: \_\_\_\_\_ DBE Firm  
 Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Certification Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**Reimbursement Requested:**

Training <input type="checkbox"/> Workshop <input type="checkbox"/> Conference <input type="checkbox"/>	Unit Price: \$ _____ Total Price: \$ _____	Training/Workshop/Conference Date: _____
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Type of Hourly Assistance	Unit Price: \$ _____ Total Price: \$ _____	Service rendered: Date: _____
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Professional Association/Membership	Unit Price: \$ _____ Total Price: \$ _____	Service rendered: Date: _____
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SBDC Training (90% Reimbursement)	Unit Price: \$ _____ Total Price: \$ _____	Service rendered: Date: _____
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<b>Reimbursement Amount Requested:</b>	<b>Total Requested:</b> \$ _____ <b>Total Paid:</b> \$ _____	<b>DBE Owner Signature/Date:</b> _____
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**Civil Rights Office Use Only**

Date Received: \_\_\_\_\_  Registered on Bidders Registration

Amount from previous FFY \$ \_\_\_\_\_  Proof of payment attached

Amount of this request \$ \_\_\_\_\_  Invoice Attached

Approved / Denied – Reason: \_\_\_\_\_  Application complete

Not to Exceed: \$ 2,500.00 \_\_\_\_\_

Date Applicant Notified: \_\_\_\_\_

DBE Business Development Signature & Date \_\_\_\_\_



E-Mail application to: Aaron Nickols [aaron.nickols@alaska.gov](mailto:aaron.nickols@alaska.gov) T: 907-269-0850 F: 907-269-0847  
 Within AK (800) 770-5326  
 DBE 50% Reimbursement Requirements

Approval of application is contingent on:

- (1) Funds available
- (2) Qualified DBE firm or On-Site Representatives (OSR)
  - ***Only certified DBEs, whose home base certification is the state of Alaska, are eligible to participate in the 50% Reimbursement Program. DBEs whose certifying home state is not Alaska will not be eligible for reimbursement. However, out-of-state firms will continue to be eligible for all other services provided by Support Services.***
- (3) Qualified training or assistance program(s)
- (4) Completed application with supporting documents
  - Applicants will be notified if the application is incomplete and will be required to submit all supporting documents for the application to be considered for reimbursement.

The DBE 50% Reimbursement program approves 50% of the cost you paid, up to \$2,000.00 can be reimbursed annually.

#### **WHO QUALIFIES?**

A DBE who is actively bidding on DOT Federal Highway Administration (FHWA) funded projects or Registered on Bidders Registration. DBE Firm Employees, Owners, or On-site Representatives.

#### **WHAT QUALIFIES and HOW MUCH?**

To the extent that funding is available, applications are processed on a first-come, first-served basis, provided the application has met the stated requirements. These financial programs have been set up to assist DBEs with cost-associated expenses when bidding on Registered Bidders for FHWA contracts. Each dollar amount has been set, and shall not exceed the stated amount. The reimbursement limit is \$2,000.00 per qualifying DBE firm per benefit year (October 1, 2019 to September 30, 2020).

#### **HOW TO APPLY**

Applications are processed on a first come first serve basis and are date stamped by the CRO. Please complete the application and submit the supporting documents. Applications must be submitted with all required supporting documents outlined in the application. Applicants will notified if the application is incomplete and will be required to submit all supporting documents for the application to be considered for reimbursement.

##### **1. Training/Workshops/Conferences**

Please provide an invoice or receipt, and proof of payment. Proof can be a copy of the check (front and back) and bank statement showing that it cleared the account; it cannot be used as a receipt. Training reimbursements require an agenda and/or a certificate of completion. Workshop and conference reimbursements require only an agenda.

**2. Memberships**

Please provide an invoice or receipt, and proof of payment. Proof can be your bank statement or a copy of the check (front and back) and bank statement showing that it cleared the account; it cannot be used as a receipt.

**3. Hourly Assistance**

Please provide an invoice from the firm stating: the services performed, the hourly rate, the total cost of the service, and proof of payment. Proof can be your bank statement or a copy of the check (front and back) and bank statement showing that it cleared the account; it cannot be used as a receipt.

**\*\* Application approval is at the sole discretion of Alaska DOT&PF CRO DBE Business Development Office\*\***



Moving Your Business Forward

**Submit completed application to:**

**Mail:** Alaska DOT&PF Civil Rights Office  
P.O. Box 196900  
Attn: DBE Business Development Office  
Anchorage, AK 99519-6900

**Email:** [aaron.nickols@alaska.gov](mailto:aaron.nickols@alaska.gov)      **Phone:** 907-269-0850      **Fax:** 907-269-0847