

**NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
PUBLIC TRANSPORTATION DIVISION**

DBE/MBE/WBE/HUB ANTICIPATED VENDOR AWARDS in FY2019

APPLICANT'S NAME: Wake County Transportation **PERIOD COVERED**
MAILING ADDRESS: 220 Swinburne Street Raleigh NC 27610 **From:** 7/1/2018
VENDOR NUMBER: _____ **To:** 6/30/2019

We expect to utilize the following list of DBE/MBE/WBE/HUB Vendors in FY2019:

DBE/MBE/WBE/HUB Vendor/Subcontractor's Name	Mailing Address City, State, Zip	ID# from NCDOT Website	Describe Service/ Item to be Purchased	Anticipated Expenditure (\$)
				TOTAL

- ☐ The above list includes the DBE/MBE/WBE/HUB Vendors the applicant expects to utilize in FY2019.
☒ The applicant does **NOT** expect to utilize any DBE/MBE/WBE/HUB Vendors in FY2019.

Signature of Authorized Official

Date