## NORTH CAROLINA DEPARTMENT OF TRANSPORTATION INTEGRATED MOBILITY DIVISION

## DBE/MBE/WBE/HUB ANTICIPATED VENDOR AWARDS in FY 2024 Guilford County Transportation and Mobility Services (TAMS) APPLICANT'S NAME: PERIOD COVERED From: 7/1/2023 izimmer@guilfordcountync.gov **MAILING ADDRESS:** 6/30/2024 **VENDOR NUMBER:** To: We expect to utilize the following list of DBE/MBE/WBE/HUB Vendors in FY 2024: **Mailing Address** Anticipated DBE/MBE/WBE/HUB ID# from Describe Service/ Item to be Vendor/Subcontractor's Name City, State, Zip **NCDOT Website** Purchased **Expenditure (\$)** TOTAL The above list includes the DBE/MBE/WBE/HUB Vendors the applicant expects to utilize No in FY 2024.

Date

Signature of Authorized Official