



**U.S. Department of Transportation**  
 Disadvantaged Business Enterprise American Reinvestment and Recovery Act  
 of 2009 Bonding Assistance Reimbursable Fee Program

OMB Control Number: 2105-0562  
 Expiration Date: 02/21/2010  
 Form DOT F4504

**Application For Reimbursement of Bond Fees**

**Public Burden Statement**

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2105-0562. Public reporting for this collection of information is estimated to be approximately 120 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, U.S. Department of Transportation, Office Of Small and Disadvantaged Business Utilization, 1200 New Jersey Ave, SE, Washington, D.C. 20590.

<b>1. Full Legal Name of Company:</b>		<b>2. TIN (Federal Tax ID No):</b>
<b>3. Full Street Address of Primary Business Location:</b>	<b>4. Dun &amp; Bradstreet (DUNS) #:</b>	Registered in Central Contractor Registration (ccr.gov) with Bank Information:  <input type="checkbox"/> Yes

**PART B – BOND INFORMATION**

**6. Bond Information (One Bond Per Application)**

a. Surety Bond Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

b. Name of Surety Company: \_\_\_\_\_

c. Type of Bond: Performance \_\_\_\_\_ Payment \_\_\_\_\_ Bid/Proposal \_\_\_\_\_

d. Bond Amount: \_\_\_\_\_ Total Bond Fees \_\_\_\_\_

**Enclose a copy of your bond, invoice(s) for premium(s)/fee(s), and proof of payment with your application**

**PART C – TRANSPORTATION-RELATED CONTRACT BEING BONDED**

**7. Transportation-related Contract Information**

a. Contract Awarder (Agency/Prime/Subcontractor): \_\_\_\_\_

b. Contract Number: \_\_\_\_\_

c. Federal Project No. and Name on Contract: \_\_\_\_\_

d. Contract Amount: \_\_\_\_\_

e. Contract Start Date: \_\_\_\_\_ Estimated Completion Date : \_\_\_\_\_

**Enclose documentation from the federal, state or local transportation authority indicating the federal project number and a copy of the contract for which you are receiving the bond with your application**

**PART D – DISADVANTAGED BUSINESS ENTERPRISE (DBE) CERTIFICATION**

**8. DBE Certification**

The definition of a Disadvantaged Business Enterprise, which includes woman-owned businesses and minority-owned businesses, are set forth in 49 Code of Federal Regulations Part 26.

The applicant, \_\_\_\_\_ certifies that it is a DBE and that the contract bonded is a transportation-related contract receiving funding pursuant to the ARRA.

a. Name of Agency which Certified your Business as a DBE: \_\_\_\_\_

b. State: \_\_\_\_\_ Certification Expiration/Renewal Date: \_\_\_\_\_ Current Annual Affidavit Date: \_\_\_\_\_

**Enclose a copy of your certification and your annual affidavit, if applicable, with your application**

**PART E – SIGNATURES AND CONTACT INFORMATION**

By signing this application, the DBE certifies: the DBE has not sought reimbursement for the bond fee(s) related to this bond from a third party; will not seek reimbursement from a third party in the event the DBE receives reimbursement from the U.S. Department of Transportation; and provides consent for the U.S. DOT to contact the agency/prime/subcontractor to confirm non-reimbursement of the bond fee(s).

Signature of Applicant :

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Type or Print Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**PART F – FOR GOVERNMENT USE ONLY**

OSDBU Approval for Bonding Fee Reimbursement:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



## Instructions for Application For Reimbursement of Bond Fees

### General Instructions

#### Purpose of Form

Use form Application for Reimbursement of Surety Bond Fees, OMB Control Number 2105-0562, to apply for reimbursement of the Contractor Fee paid to the surety company and if applicable, the U.S. Small Business Administration (SBA) in return for a surety bond.

#### Who is Eligible for the Reimbursement?

To be eligible, you must:

- Be A Disadvantaged Business Enterprise (DBE), which includes woman-owned businesses and minority-owned businesses, certified under 49 Code of Federal Regulations Parts 26.
- Have obtained a performance, payment, or bid/proposal surety bond during the period August 28, 2009 and September 8, 2010 for a contract for a transportation project receiving American Reinvestment and Recovery Act of 2009 funding from the U.S. Department of Transportation (DOT).
- Have paid a surety premium to the surety company and if applicable, a small business concern (principal) fee to SBA
- Have a Dun & Bradstreet Number (DUNS#) and have registered your DUNS# with Central Contractor Registration (CCR) at [www.ccr.gov](http://www.ccr.gov). Your bank information must be completed in your profile on [ccr.gov](http://ccr.gov) to receive payment.

#### How do I Obtain More Information?

You can contact the U.S. Department of Transportation, Office of the Secretary, Office of Small and Disadvantaged Business Utilization for further information:

**Email.** [bap.arra@dot.gov](mailto:bap.arra@dot.gov) .

**Voice.** 1-800-532-1169 or 202-366-1930. A long-distance charge to callers located outside of the local calling area will apply when calling the 202-366-1930 number.

**Internet Guidance.** <http://www.dot.gov/recovery/ost>

#### How to Apply

You can apply for reimbursement by email or by mail. Use only one method per application. Applications must be **received** on or before September 8, 2010.

Regardless, the applicant is advised to request delivery confirmation for mail submissions or return receipt for email submissions. Awards will be made in the order of application receipt until funding is fully expended or the program closes on September 8, 2010. In the event funding is fully expended prior to September 8, 2010, OSDBU will cease to accept new applications.

Applications submitted by mail may be delayed due to mail screening security requirements. For faster reimbursement, submit your application electronically by email.

**Email.** Scan your signed application and all supporting documentation to a .pdf document and email to [bap.arra@dot.gov](mailto:bap.arra@dot.gov) .

**Mail.** Mail your signed application and all supporting documentation to the following address:  
U.S. Department of Transportation (DOT)  
Office of Small and Disadvantaged Business Utilization (OSDBU)  
1200 New Jersey Ave., SE, W56-448  
Washington, DC 20590

#### How to assemble your application

Submitted Applications must contain in the following order:

- A completed and signed application
- A copy of the bond
- A copy of the contract
- DBE certification letter from the DBE certification office in their state and a current annual affidavit. A current annual affidavit is not required in the event the DBE is certified less than one (1) year.
- Whether the DBE is a prime contractor or a subcontractor, a letter from the federal, state or local transportation authority, on their letterhead, indicating the DBE is a contractor and the federal project number. In the event the DBE is already in possession of other documentation from the federal, state or local transportation authority indicating the federal project number, that documentation may be submitted in lieu of the letter.
- A copy of their invoice(s) from the surety company and if applicable, SBA and cancelled checks or other proof of payment of the bond fees in support of the total amount claimed for reimbursement.
- Certificate Regarding Lobbying in compliance with 49 CFR Part 20
- Certification stating that the DBE will comply with the requirements of subchapter IV of chapter 31 of title 40, United States Code (Federal wage rate requirements), as required by the Recovery Act.
- Certification Regarding Debarment, Suspension in compliance with 29 CFR Part 98



## Instructions for Application For Reimbursement of Bond Fees

### Specific Instructions

Print or type all entries on the Application for Reimbursement of Surety Bond Fees, OMB Control Number 2105-0562. The application is an electronically fillable application form. We strongly suggest applicants utilize the electronically fillable form to complete the application entries. Illegible applications will delay processing time. Follow the instructions for each line to expedite processing and to avoid unnecessary requests for additional information.

**Line 1. Full Legal Name of Company** applying for reimbursement. Enter the company name as it appears on the legal document creating it.

**Line 2. TIN (Federal Tax ID No).** Enter your Employer Identification Number (EIN) exactly as it appears on the document provided by the Internal Revenue Service (IRS).

**Line 3. Full Street Address of Primary Business Location.** Enter the mailing address for the entity's primary physical location. Do not enter a P.O. Box here.

**Line 4. Dun & Bradstreet (DUNS#).** Enter your company's DUNS# exactly as it appears on the document provided by Dun & Bradstreet. If you are not registered, you can register online at <http://fedgov.dnb.com/webform>.

**Line 5. Registered in Central Contractor Registration (ccr.gov) with Bank Information.** Check "Yes" to indicate that you: 1) have a DUNS #; 2) have registered your DUNS# at [www.ccr.gov](http://www.ccr.gov); and 3) and you have populated your financial information for electronic payment (bank information) in your profile on ccr.gov. Instructions may be found in on-line help at [www.ccr.gov](http://www.ccr.gov).

**Line 6a. Surety Bond Number and Date of Issue.** Enter the Surety's bond number exactly as it appears on your Surety Bond. Enter the date of issue on your Surety Bond. A separate application must be submitted for each bond for which the applicant is seeking reimbursement of the bond premiums and fees paid by the applicant.

**Line 6b. Name of Surety Company.** Enter the name of the surety company exactly as it appears on your Surety Bond.

**Line 6c. Type of Bond.** Check the type of bond that corresponds to the type of bond denoted on your Surety Bond. Only premiums and fees for performance, payment, or bid/proposal bonds are eligible for reimbursement.

**Line 6d. Bond Amount, Bond Number and Bond Fee(s).** Enter the bond amount exactly as it appears on your Surety Bond. Enter the sum total of the bond fee(s) exactly as they appear on your cancelled check(s) or other form of proof of payment. You must add together all of the premium(s) and fee(s) you paid for the bond and place the total amount for which you are seeking reimbursement in this field.

**Enclose a copy of your bond and your cancelled check(s), or other proof of payment documentation, with your application**

**Line 7a. Contract Awardee (Agency/Prime/Subcontractor).** Enter the contract awardee exactly as it appears on your contract. Your contract awardee may be a federal, state or local agency, a prime contractor, or another subcontractor.

**Line 7b. Contract Number.** Enter the contract number exactly as it appears on your contract.

**Enclose a copy of the contract that was bonded.**

**Line 7c. Federal Project No. on Contract.** Enter the federal project number exactly as it appears on the letter from the federal, state or local transportation authority or other documentation provided by the federal, state or local transportation authority indicating the federal project number.

**Enclose a letter from the federal, state or local transportation authority indicating the federal project number or other documentation indicating the federal project number provided by the federal, state or local transportation authority with your application.**

**Line 7d. Contract Amount.** Enter the contract amount exactly as it appears on your contract.

**Line 7e. Contract Start Date and Estimated Completion Date.** Enter the period of performance /contract start date and contract completion date exactly as it appears on your contract.

**Line 8. DBE Certification.** Enter the applicant name exactly as it appears on the legal document creating it.

**Line 8a. Name of DBE Certifying Agency.** Enter the name of the agency granting your DBE certification exactly as it appears on the document informing your company that it has been certified as a DBE.

**Line 8b. State, Certification Expiration/Renewal Date and Affidavit Date.** Enter the state of certification and the certification expiration date exactly as it appears on your document granting DBE certification. If applicable, enter the date of your annual affidavit exactly as it appears on the document. A current annual affidavit is not required in the event the DBE is certified less than one (1) year.

**Enclose a copy of your certification and your affidavit, if applicable, with your application**

**Sign and date the application. Print your name, title and contact information. You will not receive email confirmation of receipt unless an email address is provided on your application.**



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**Enclose the following certifications with your application:**

- **Certificate Regarding Lobbying in compliance with 49 CFR Part 20**
- **Certification stating that the DBE will comply with the requirements of subchapter IV of chapter 31 of title 40, United States Code (Federal wage rate requirements), as required by the Recovery Act.**
- **Certification Regarding Debarment, Suspension in compliance with 29 CFR Part 98**



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**Sample Letter From the Federal, State or Local Transportation Authority Indicating the Federal Project  
Number**

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**STATE OR LOCAL TRANSPORTATION  
AUTHORITY LETTERHEAD**

Today's Date

(contact information of individual writing the letter)

Name

Address

City, State, Zip

Telephone number

DOT/OSDBU

1200 New Jersey Avenue, SE.

Suite W56-497

Washington, DC 20590

Attn: DBE ARRA BAP

Dear DOT/OSDBU:

[Insert name of DBE] is a [Insert prime contractor or subcontractor] providing services on federal project [Insert federal project number and name] receiving funding pursuant to the American Recovery and Reinvestment Act of 2009.

I certify that the information presented in this letter is true and correct.

Sincerely,

Signature (of individual writing the letter)

Printed Name

Job Title or Position