

# DBE Participation Report & Prompt Payment Certification

8/09

Contractor Name (DBE Prime) \_\_\_\_\_

Project Title \_\_\_\_\_

Contract No. \_\_\_\_\_ State Project No. \_\_\_\_\_ Federal Project No. \_\_\_\_\_

Project Award Date \_\_\_\_\_ DBE Contract Goal (%) \_\_\_\_\_

Name of DBE Subcontractors, Manufacturers & Suppliers	Type of Service or Materials Provided	Payments		
		Previous	Current	To Date

Name of Non-DBE Subcontractors, Manufacturers & Suppliers	Type of Service or Materials Provided	Payments		
		Previous	Current	To Date

A. Invoice Amounts to Date \_\_\_\_\_

B. Payments to Non-DBEs to Date \_\_\_\_\_

C. DBE Participation to Date (A-B/A) \_\_\_\_\_

<b>Good Faith Efforts</b> (Required when the DBE Participation percentage to date is less than the DBE contract goal.):        
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## Prompt Payment Certification:

The undersigned hereby certifies that payments have been dispersed to all subcontractors within 10 (ten) calendar days after receipt of payment from the Department, in accordance with the terms of the subcontract. This clause applies to both DBE and non-DBE subcontractors.

This declaration is made under penalty of perjury under the laws of the United States, and the Hawaii Penal Code, Section 710-1063, Hawaii Revised Statutes, regarding unsworn falsification to authorities and knowingly rendering a false declaration.

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-mail address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

DOT USE ONLY: Final Payment

Total Federal DBE \$ expended: \_\_\_\_\_

Total Federal \$ expended: \_\_\_\_\_

Project Manager \_\_\_\_\_

Date: \_\_\_\_\_

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Project Title \_\_\_\_\_

Contract No. \_\_\_\_\_ State Project No. \_\_\_\_\_ Federal Project No. \_\_\_\_\_

Project Award Date \_\_\_\_\_ DBE Contract Goal (%) \_\_\_\_\_

Name of <b>DBE</b> Subcontractors, Manufacturers & Suppliers	Type of Service or Materials Provided	Payments		
		Previous	Current	To Date

A. Total Payments to DBE \_\_\_\_\_

B. Invoice Amounts to Date \_\_\_\_\_

C. DBE Participation to Date (A/B) \_\_\_\_\_

Name of <b>Non-DBE</b> Subcontractors, Manufacturers & Suppliers	Type of Service or Materials Provided	Payments		
		Previous	Current	To Date

<b>Good Faith Efforts</b> (Required when the DBE Participation percentage to date is less than the DBE contract goal.):        
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Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-mail address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DOT USE ONLY:** Final Payment

Total Federal DBE \$ expended: \_\_\_\_\_

Total Federal \$ expended: \_\_\_\_\_

Project Manager \_\_\_\_\_

Date: \_\_\_\_\_