DBE Participation Report & Prompt Payment Certification Instructions

The DBE Participation Report & Prompt Payment Certification form is due with each progress payment request.

Contractor Name

Self-explanatory

Project Title

Self-explanatory

Contract No.

Self-explanatory

State Project No.

List project no. if applicable

Federal Project No.

List project no. if applicable

Project Award Date

Date on award letter

DBE Contract Goal (%)

DBE participation expressed as a percentage in

contract,

A. Total Payment to DBEs

List portion being paid to DBEs for period

B. Invoice Amount to Date

List total invoice amount for period

C. DBE Participation to Date:

Total paid to DBEs divided by total invoice amount

Name of DBE or non-DBE

Subcontractors, Manufacturers,

and Suppliers

List name of company (DBE or non-DBE)

Type of Service or Materials

Provided

List type of service or materials provided by the

DBE or non-DBE firm.

Payments'

Previous

Previous payment to DBE or non-DBE

Current

Current payment to DBE or non-DBE

To Date

Payment to date

Good Faith Efforts

Complete if DBE participation (%) to date is less than contract goal. Explain why the participation

may be lower than the contract goal. What efforts

have been made to meet the contract goal?

Prompt Payment Certification

Name

Name of officer authorized to sign on behalf of firm

Title

Title of officer

Telephone no.

Self-explanatory

Email address

Self-explanatory

Signature

Self-explanatory

Date

Self-explanatory

| Contractor Name | | | | | | | | |
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| Project Title | | | | | | | | |
| Contract No. Project Award Date | | Project No Federal Project No DBE Contract Goal (%) | | | | | | |
| Name of <u>DBE</u> Subcon Manufacturers & Sur | | Type of S Materials | ervice or Provided | Previous | Payments Current | To Date | | |
| | | nes . | 1-150 W.III 13-15-15-16118 | | to the control of the | The control of the co | | |
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| | | ` | | | | | | |
| | A. Total Payments to I | | | | | | | |
| | | | | B. Invoice Amounts to DateC. DBE Participation to Date (A/B) | | #DIV/0! | | |
| Name of Non-DBE Subc | | | | | | | | |
| Manufacturers & Su | pliers | Materials | Provided | Previous | Current | To Date | | |
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| Good Faith Efforts (Required when the DBE, P | articipation pe | ercentage to | date is les | sthan the DBE co | ntraet(goals) | | | |
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| Prompt Payment Certification The undersigned hereby certified from the Department, in accordation the Compartment of the Compar | s that payments ince with the teri penalty of perjury | ms of the subd y under the lav | contract. This | clause applies to bot ed States, and the Ha | h DBE and non-DBE waii Penal Code, Sec | subcontractors. | | |
| Name | , | | | Title | | | | |
| Telephone No. | | | | E-mail address | | | | |
| Signature | | | | Date | | | | |
| DOT USE ONLY: Final Payment | | | | Total Federal DBE \$ expended: Total Federal \$ expended: | | | | |
| Project Manager | | - | | ate: | • | | | |

| Contractor Name | | | | | | |
|--------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------|-----------------------|------------------|--|--|
| Project Title | | | | | | |
| Contract No State | e Project No. | Federal Project No. | | | | |
| Project Award Date | DBE Contract Goal (| %) | | | | |
| Name of <u>DBE</u> Subcontractors, | Type of Service or | | Payments | | | |
| Manufacturers & Suppliers | Materials Provided | Previous | Current | To Date | | |
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| | <u> </u> | | | | | |
| | A. Total Payments to DBE \$ | | | | | |
| | B. Invoice Amounts to Date C. DBE Participation to Date (A/B) | | | | | |
| | | | | #DIV/0! | | |
| Name of Non-DBE Subcontractors, | Type of Service or | | Payments | | | |
| Manufacturers & Suppliers | Materials Provided | Previous | Current | To Date | | |
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| Good Faith Efforts | | | | | | |
| (Required when the DBE Participation p | percentage to date is le | ess than the DBE | contract goal.): | | | |
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| The undersigned hereby certifies that payments | shall be dispersed to all su | phontractors within 1 | 0 (ten) calendar days | after receipt of | | |
| payment from the Department, in accordance w subcontractors. | • | | • • | • | | |
| This declaration is made under penalty of perjui | | | | etion 710-1063, | | |
| Hawaii Revised Statutes, regarding unsworn fal Name | | Title | a faise declaration. | | | |
| | | - | | | | |
| Telephone No. Signature | | E-mail address Date | | | | |
| | | | | | | |
| DOT USE ONLY: Final Payment | | Total Federal DBE \$ expended: Total Federal \$ expended: | | | | |
| Project Manager | | ate: | | | | |

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