Contractor Name						***	
Project Title							
Contract No.	Contract No State Project No			Federal Project No.			
Project Award Date	D	BE Contract Goal (	%)				
Name of <u>DBE</u> Subcontrac		Type of Service or			Payments		
Manufacturers & Supplie	ers	Materials Provided	Previo	ous	Current	To Date	
A. Total Payments to DBE						\$ -	
B. Invoice Amounts to Date							
		С. Г	DBE Partici <sub>l</sub>	pation to	Date (A/B)	#DIV/0!	
Name of Non-DBE Subconti		Type of Service or			Payments		
Manufacturers & Supplie	ers I	Materials Provided	Previo	us	Current	To Date	
Good Faith Efforts							
(Required when the DBE Partic	cipation perd	centage to date is les	ss than the D	DBE cont	ract goal.):		
					<u> </u>		
The undersigned hereby certifies that	nt payments sh	all be dispersed to all su	ıbcontractors v	vithin 10 (te	en) calendar days	after receipt of paymen	
from the Department, in accordance This declaration is made under pena							
Revised Statutes, regarding unsworr							
Name			Title				
Telephone No.							
<u></u>							
DOT USE ONLY: Final P	lovmort.	<del></del>	otal Ecdard		vnondod:		
DOT USE ONLY: Final P	ayment		otal Federal otal Federal		•		
Project Manager		D	ate:				