

DISADVANTAGED BUSINESS ENTERPRISES (DBE) PAYMENT CERTIFICATIONS

INTERIM OR FINAL

RE: Contract No.: _____ Amendment No.: _____
 Financial Project ID: _____
 Federal Job No(s): _____
 Description: _____
 Prime Consultant: _____

Two copies of this form will be submitted with monthly billing. The Prime Consultant's failure to achieve the proposed participation by the certified DBE subconsultant without acceptable justification may be considered a breach of contract.

Total Fee for Agreement \$ _____
 DBE Commitment \$ _____ or _____ %
 Amount Billed to Date \$ _____ (_____ % of Total Fee)
 Amount Billed to Date for DBE Services \$ _____ (_____ % of Commitment)
 Amount Paid to DBE Subconsultants to date \$ _____ (_____ % of Commitment)

- No payments made this invoice period (if this item is selected, no further information other than signature of Consultant need be entered and page 2 not required.)
- The following DBE Subconsultants received payments as of the respective date indicated for services or commodities provided to the above named prime consultant.

PRIME CONSULTANT CERTIFICATION

Name of DBE Subconsultant	Amount of Payment	As of (Date)	Services Provided Between the Dates of:	Brief Description of Services or Commodities Provided
_____	\$ _____	_____	_____ to _____	_____
_____	\$ _____	_____	_____ to _____	_____
_____	\$ _____	_____	_____ to _____	_____
_____	\$ _____	_____	_____ to _____	_____
_____	\$ _____	_____	_____ to _____	_____

(include a subconsultant certification for each subconsultant paid)

Signed by Official of Prime Consultant _____
 Date _____ Title _____
 Signed by Official of Subconsultant _____
 (if third tier DBE used)
 Date _____ Title _____

DEPARTMENT'S CERTIFICATION

(select as appropriate)

I certify that I have reviewed progress reports and the subconsultant documents, and to the best of my knowledge:

- the Consultant has achieved the DBE commitment established for this contract.
- the Prime Consultant is on schedule to achieve the DBE commitment established for this contract.
- the schedule is not being met and the appropriate compliance office has been notified.

Signature _____ Date _____

Title _____

DISADVANTAGED BUSINESS ENTERPRISES (DBE) PAYMENT CERTIFICATIONS

INTERIM

OR

FINAL

RE: Contract No.: _____ Amendment No.: _____
 Financial Project ID: _____
 Federal Job No(s): _____
 Description: _____
 DBE Certification Number: _____

Two copies of this form will be submitted to the Prime Consultant upon receipt of monthly payment. A DBE's failure to provide this form to the Prime Consultant upon receipt of payment may be grounds for suspension of DBE certification.

SUBCONSULTANT CERTIFICATION

This is to certify that _____
 Name of DBE Subconsultant/Vendor
 received payment of _____ dollars for services or commodities provided as of
 _____ to _____ between the dates of
 Date Name of Prime Consultant/Subconsultant (if third tier DBE used)
 _____ and _____ for the above contract. These services consisted of the following:

 Brief, general description of services or commodities provided

If final is checked above, this further certifies that no more than 49% of the total fees received were subcontracted to others.

SUMMARY

Total This Payment = \$ _____
 Total Previously Paid = \$ _____
 Total Paid to Date = \$ _____

Signed by Official of DBE Subconsultant or Vendor _____ Date _____

Title _____