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) _____

Good Faith Efforts
(Required when the DBE Participation percentage to date is less than the DBE contract goal.):

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: _____

DBE Participation Report & Prompt Payment Certification

8/09

Contractor Name _____

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

A. Total Payments to DBE _____

B. Invoice Amounts to Date _____

C. DBE Participation to Date (A/B) _____

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

Good Faith Efforts
(Required when the DBE Participation percentage to date is less than the DBE contract goal.):

Prompt Payment Certification:

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Telephone No. _____ **E-mail address** _____

Signature _____ **Date** _____

DOT USE ONLY: Final Payment

Total Federal DBE $ expended: _____

Total Federal $ expended: _____

_____
Project Manager

Date: _____