Contractor Name					
Project Title					
Contract No State	State Project No.				
Project Award Date	DBE Contract Goal (%	b)			
Name of DBE Subcontractors,	Type of Service or		Payments		
Manufacturers & Suppliers	Materials Provided	Previous	Current	To Date	
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	Draviaua	Payments	To Doto	
Manufacturers & Suppliers	Materials Provided	Previous	Current	To Date	
Good Faith Efforts					
(Required when the DBE Participation percentage to date is less than the DBE contract goal.):					
The undersigned hereby certifies that payments					
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 perjuit				tion 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	To	tal Federal DBE \$	S expended:		
DOT GOL GREET. Final Fayment	ended:				
Project Manager	Date:				

DOT # (date)