

**CERTIFICATION OF PAYMENTS TO
DISADVANTAGED BUSINESS ENTERPRISES (DBE) FIRMS**
(Submit one form for each DBE involved in the contract)

Contract No.: _____

Consultant: _____

Project Description: _____

DBE Firm: _____ **DBE Certification:** _____

DBE Contract Commitment: _____ **DBE Goal Percentage:** _____ %

DBE Amount Paid: _____ **Actual DBE Percentage:** _____ %

DBE Work Description: _____

The undersigned consultant hereby certifies that full payment was made to DBE firm for work completed for the above referenced contract.

This certificate is made under Federal and State laws concerning false statement. Supporting documentation for this payment is subject to audit and should be retained for a minimum of **five (5) years** from project completion date (Initial Closeout Letter). In the event the DBE was not paid in accordance with affidavits, cost proposals, contract modification or other documents submitted by the consultant, all documentation supporting the consultant's position as to why DBE goal and/or payments to this DBE subconsultants was not met, should be submitted with this form.

I DECLARE UNDER PENALTY OF PERJURY IN THE SECOND DEGREE, AND ANY OTHER APPLICABLE STATE OR FEDERAL LAWS THAT THE STATEMENTS MADE ON THIS DOCUMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Printed Name

Title

Signature

Date

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The undersigned DBE subconsultant/supplier for the above referenced contract hereby certifies that payments were received and/or justification by consultant is correct.

I DECLARE UNDER PENALTY OF PERJURY IN THE SECOND DEGREE, AND ANY OTHER APPLICABLE STATE OR FEDERAL LAWS THAT THE STATEMENTS MADE ON THIS DOCUMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Printed Name

Title

Signature

Date

Note: This form must be completed and returned to the Agency with the final payment report for each DBE Subconsultant.