**CERTIFICATION OF FINAL SUBCONSULTANT PAYMENT**

***(This form is also required when the Prime Consultant is a DBE)***

**Must be provided by the Prime Consultant following Final Payment to each Subconsultant or following contract completion and receipt of final payment from MaineDOT when the Prime Consultant is a DBE**

**Complete one form for each Subconsultant or when the Prime Consultant is a DBE**

|  |
| --- |
| Prime Consultant Firm:       Contract #:  CSN#:  |
|  |

Project Identification Number (PIN):  Project Location:

Total Contract Amount: $ Consultant’s Project #:

DBE is Prime: Yes [ ]  No [ ]  If yes, complete the following: Describe type of work performed on this project: **.**

Total amount paid under this Contract: $ % of contract

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Subconsultant Firm’s Name: DBE Subconsultant: [ ] Yes [ ] No

Describe work performed by Subconsultant on this project:

Total amount paid to this Subconsultant: $ % of contract

**Consultant submit to:** **Sherry Tompkins, EEO Officer**

 **CIVIL RIGHTS OFFICE**

 Maine Department of Transportation

 #16 State House Station

 Augusta, Maine 04333-0016

 **Phone #:** (207) 624-3066

 **Email:** Sherry.Tompkins@maine.gov

In connection with the above referenced contract we the undersigned, jointly certify and attest the information contained herein to be true and accurate.

 **PRIME CONSULTANT FIRM NAME** **SUBCONSULTANT FIRM NAME**

 By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Name & Title Typed** **Name & Title Typed**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date Signed) (Date Signed)