**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)