CERTIFICATION OF FINAL DBE PAYMENT

Complete one form for each DBE Participant

Project Number and Location: _____________________________________________________________

Total DBE Participation $ __________________________ % __________________________

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

1. DBE Firm: _________________________________________________________________

2. Describe work performed by DBE on this project: ________________________________

______________________________________________________________________________

3. Total amount paid to DBE to date: $ __________________________

4. Total amount remaining to be paid to DBE $ __________________________

5. Is amount paid to DBE expected to increase when final invoice is submitted:
   Yes ____  No _____

6. If yes, approximately how much? $ __________________________

Attest:

CONTRACTOR __________________________
(Firm’s Name) __________________________
(Signature) __________________________
(Title) __________________________
(Date Signed) __________________________

DBE __________________________
(Firm’s Name) __________________________
(Signature) __________________________
(Title) __________________________
(Date Signed) __________________________