QUARTERLY REPORT

PAYMENTS MADE ON ONGOING CONTRACTS

Subrecipient Name: _____

Contact Person:_____ **Tele:** _____ **Fax:** _____

E-mail: _____

Name of Contractor/Firm	Payment Amount	Date Paid	DBE Y/N

ACTIVE FTA GRANT(s) NUMBER(s) FOR THIS PERIOD _____

(MAINEDOT INTERNAL USE ONLY)

Form received: ___/___/___ Verified by: _____

Civil Rights Office Representative

For a complete list of certified DBE firms and company designation go to
http://www.maine.gov/mdot/civilrights/dbe/

Reporting period	Due	Check
October 1 – December 31	January 15	
January 1 – March 31	April 15	
April 1 – June 30	July 15	
July 1 - September 30	October 15	

Send Completed Form by quarterly due date to your MaineDOT Project Manager

11/15