# DBE Contractor Payment Form

**Office of Civil Rights**

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| **CONTRACTOR:** |  | **CONTRACT VALUE:** |  |
| **PROJECT NAME:** |  | **CONTRACT NO:** |  |
| **DBE GOAL:** |  | **TOTAL DBE CONTRACT AMOUNT:** |  | **TOTAL DBE PAYMENTS TO DATE:** |  |
| **FOR MONTH OF (MO./YR.)** |  | **% PROJECT COMPLETE** |  |

In order to receive credit toward the DBE Goal, the Prime Contractor must complete the DBE Contractor Payment Form and submit MONTHLY to the District Department of Transportation’s (DDOT) Office of Civil Rights. **Failure to submit this form will result in no credit toward the contract DBE requirements and a delay in payment.**

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| --- | --- | --- | --- | --- |
| **NAME OF DBE SUBCONTRACTOR** | **SUBCONTRACT AMOUNT** | **WORK/SERVICE PERFORMED** | **$ AMOUNT PAID THIS PERIOD** | **TOTAL $ PAID TO DATE** |
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| **TOTALS** |  |  | **$** | **$** |

Credits towards the DBE goal can only be claimed after the amount being claimed toward the goal has been **paid** to the DBE. Prime Contractor shall submit documentation regarding all payments made from the Prime to all DBE Subcontractors on Federally Aided projects which validates said payments made. **Attach a copy of the cancelled checks**. This form must be completed and submitted monthly by the 15th of the next month for the period indicated above. **This report must be submitted even if NO Activity took place during the period being reported!**

**REPORT PREPARED BY**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Print Name of Authorized Representative** **Signature of Authorized Representative**

**DBE Contractor Payment Form Instructions**

**Office of Civil Rights**

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| ***Contractor:*** Name of Contractor ***Contract Value***: Contract Award Amount***Project Name***: Enter the Project Name as it appears on the Contract/Solicitation documents ***Contract No:*** Enter the Project/Contract Number***DBE Goal***: Enter the DBE Goal Percentage ***DBE Contract Value***: Enter the Contract Value Amount multiplied by DBE Goal Percentage ***DBE Payments to Date***: Enter the total amount of payments made to ALL DBE Firms to date.***For Month of (Mo./Yr.):*** Enter the Month and Year reporting***% Project Complete:*** Enter the Project % Complete at the time of the reporting**PAYMENT LOG*****Name of DBE***: Enter the DBE Name***DBE Subcontract Amount***: Enter the Contract Value awarded to the DBE for the scope of work to be performed as indicated in the Description of Work***Work/Services Performed***: Enter a brief description of the work performed by the DBE for the payment listed.***Amount Paid this Period:*** Enter the Total Amount Paid to the DBE (**Attach copies of the Cancelled Checks**)***Total Paid to Date:*** Enter the total paid to the DBE to date (cumulative).***Totals:***  Enter the totals for this period of the columns, “AMOUNT PAID THIS PERIOD” AND “TOTAL PAID TO DATE”***REPORT PREPARED BY:* Print the Authorized Representative Name, Signature of the Authorized Representative, Date form was signed**Forward the completed DBE Contractor Payment Form and copies of Cancelled Checks: via E-Mail: damien.mayo@dc.gov. Scanned copies of the completed original DBE Contractor Payment Forms and copies of Cancelled Checks are acceptable to fulfill this requirement. |

***For more information, please contact the District Department of Transportation’s Office of Civil Rights.***

**Damien R. Mayo**

***EO Local and Federal Compliance Officer Office of Civil Rights***

District Department of Transportation

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