



CERTIFICATION OF DBE ACCOMPLISHMENT

(To be completed by the Prime Contractor and submitted with the final documents, for all Federal-Aid contracts where a DBE contractor performed work.)

County: _____

Contract I.D. _____

Prime Contractor: _____

Letting Date: _____

Total DBE Commitment Listed on Form 102115: _____

DBE Companies	Dollars Committed (102115 Form) (1)	Dollar Amount Paid	% For Goal (100% or *60%)	Dollars Credit To DBE Goal
	\$	\$	%	\$
	\$	\$	%	\$
	\$	\$	%	\$
	\$	\$	%	\$
	\$	\$	%	\$
	\$	\$	%	\$
	\$	\$	%	\$
	\$	\$	%	\$
<i>*For Suppliers Only</i>			TOTAL	\$

(1) If no DBE goal was established for the contract, enter \$0

I _____ the _____
(Name) (Corporate Officer)

of _____ certify the DBE accomplishment to be
(Prime Contractor)

true and accurate.

It is understood that the accomplishment will be compared to the commitment and may result in a penalty in accordance with Article 1102.17 of the Standard Specifications.

(Date) (Signature)

Form 102115 Commitment (1) _____
 Approved Adjustments _____
 Revised 102115 Commitment _____
 Contractor Accomplishment _____
 **Reduction in Prime Contractor Payment _____

*** Please include a copy of change order for any reduction in Prime Contractor Payment*

