



MONTHLY SUMMARY OF DISADVANTAGED BUSINESS ENTERPRISE PARTICIPATION

Federal-Aid Contracts

State of Alaska DOT & PF Civil Rights Office • 2200 E 42nd Ave. • Anchorage, AK 99519-6900

FOR PAYMENTS MADE IN:	
MONTH	YEAR

Please read instructions before completing this form.

Submit this form to the CRO by the 15th of the month following the reporting month. (i.e.: *Work performed in January will be paid in February; the summary report for January must be submitted to the CRO by March 15.*)

1. PROJECT NAME	Project Number	
4. PRIME CONTRACTOR NAME		

The undersigned affirms that the information that they are providing to the Alaska Department of Transportation and Public Facilities, Civil Rights Office is accurate and complete to the best of their knowledge. Further, the undersigned authorizes the Alaska Department of Transportation and Public Facilities, Civil Rights Office to verify the accuracy of the information provided. Please note that the Alaska Department of Transportation and Public Facilities, Civil Rights Office, is required to report to the Department of Transportation any false, fraudulent, or dishonest conduct in connection with the program, so that DOT can take steps (e.g. referral to the Department of Justice for criminal prosecution, referral to the DOT Inspector General, action under suspension and debarment or Program Fraud and Civil Penalties rules) provided in §26.109. The Alaska Department of Transportation and Public Facilities, Civil Rights Office, will consider similar action under our own legal authorities, including responsibility determinations in future contracts.

10. NAME OF PERSON PREPARING REPORT	11. TITLE	12. SIGNATURE	13. DATE
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SUBCONTRACTORS

	14. FIRM (DBE) NAME	15. BID ITEMS PAID (LIST SEPARATELY)	16. AGREED PRICE	17. AMOUNT PAID THIS PERIOD	18. AMOUNT PAID TO DATE	19. % OF WORK COMPLETED TO DATE	20. FINAL PAYMENT	
							YES	NO
1							<input type="checkbox"/>	<input type="checkbox"/>
2							<input type="checkbox"/>	<input type="checkbox"/>
3							<input type="checkbox"/>	<input type="checkbox"/>
4							<input type="checkbox"/>	<input type="checkbox"/>
5							<input type="checkbox"/>	<input type="checkbox"/>

If more spaces are required, use as many copies of the second page of this form as necessary. The contractor must sign each sheet to certify its content and completion.

Are additional pages attached? YES NO

10. NAME OF PERSON PREPARING REPORT	11. TITLE	12. SIGNATURE	13. DATE (mm/dd/yyyy)
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MANUFACTURERS (100 % DBE Credit)

21. FIRM (DBE MANUFACTURER) NAME		22. PRODUCT MANUFACTURED	23. AMOUNT PAID THIS PERIOD	24. AMOUNT PAID TO DATE	20. FINAL PAYMENT	
					YES	NO
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>

BROKERS (5% DBE Credit for brokerage fee)

25. FIRM (DBE BROKER) NAME		26. PRODUCT/ SERVICE	27. DBE BROKERAGE FEE	28. AMOUNT PAID THIS PERIOD	29. AMOUNT PAID TO DATE	20. FINAL PAYMENT	
						YES	NO
1				\$ -		<input type="checkbox"/>	<input type="checkbox"/>
2				\$ -		<input type="checkbox"/>	<input type="checkbox"/>
3				\$ -		<input type="checkbox"/>	<input type="checkbox"/>
4				\$ -		<input type="checkbox"/>	<input type="checkbox"/>
5				\$ -		<input type="checkbox"/>	<input type="checkbox"/>
6				\$ -		<input type="checkbox"/>	<input type="checkbox"/>

REGULAR DEALERS (60% DBE Credit)

30. FIRM (DBE REGULAR DEALER) NAME		31. MATERIALS SUPPLIED	32. AMOUNT PAID THIS PERIOD	33. AMOUNT PAID THIS PERIOD (60%)	34. AMOUNT PAID TO DATE	20. FINAL PAYMENT	
						YES	NO
1				\$ -		<input type="checkbox"/>	<input type="checkbox"/>
2				\$ -		<input type="checkbox"/>	<input type="checkbox"/>
3				\$ -		<input type="checkbox"/>	<input type="checkbox"/>
4				\$ -		<input type="checkbox"/>	<input type="checkbox"/>
5				\$ -		<input type="checkbox"/>	<input type="checkbox"/>
6				\$ -		<input type="checkbox"/>	<input type="checkbox"/>

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Are additional pages attached? YES NO