



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 |
|--|------------------|----------------------|-----------------|

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) |
|--|------------------|----------------------|------------------------------|

SUBCONTRACTORS CONTINUED

| 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 |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| <p>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.</p> <p>Are additional pages attached? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | | | |
| 10. NAME OF PERSON PREPARING REPORT | 11. TITLE | 12. SIGNATURE | 13. DATE (mm/dd/yyyy) |

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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