Revised 09/30/11

Note: Please select the appropriate participation report for the drop down menu below

REPORT SUBMISSION DATE: _____

PROJECT NO. (S) _____

COUNTY: _____

CONTRACT ID#: _____

CONTRACTOR: _____

REPORT #:

JANUARY 31	☐	JULY 31	☐
FEBRUARY 28	☐	AUGUST 31	☐
MARCH 31	☐	**SEPTEMBER 30**	☐
APRIL 30	☐	OCTOBER 31	☐
MAY 31	☐	NOVEMBER 30	☐
JUNE 30	☐	**DECEMBER 31**	☐

DATE WORK BEGAN: _____ DBE REQUIRED %: _____

CONTRACT $ AMOUNT: _____ % DOLLAR COMPLETE: _____

DBE $ AMOUNT: _____ % PROJECT COMPLETE: _____

S=SUPPLIER | ***O***=OWNER/OPERATOR | ***SC***=SUBCONTRACTOR | ***SAR***=SUBCONTRACTOR AGREEMENT RECEIVED | ***RN***=RACE NEUTRAL | ***RC***=RACE CONSCIOUS

APPROVED DBE							VENDOR ID	DESCRIPTION OF WORK		
S	O	SC	SAR	RN	RC	ORIG. SUBCONTRACT AMOUNT	PREVIOUS PAYMENTS		PAYMENTS THIS REPORT	PAYMENTS TO DATE
01.										
☐	☐	☐	☐	☐	☐					
02.										
☐	☐	☐	☐	☐	☐					
03.										
☐	☐	☐	☐	☐	☐					
04.										
☐	☐	☐	☐	☐	☐					
05.										
☐	☐	☐	☐	☐	☐					
CURRENT COLUMN TOTALS										

% PAID TO DATE _____ **%**

I HEREBY CERTIFY THAT THE ABOVE STATEMENT IS TRUE AND CORRECT AND SUPPORTING DOCUMENTATION IS ON FILE AND IS AVAILABLE FOR INSPECTION BY DEPARTMENT PERSONNEL AT ANY TIME.

PRINT NAME: _____

SIGNATURE: _____
(MANDATORY) CONTRACTOR

FOR DEPARTMENTAL USE ONLY:

THIS DOCUMENT HAS BEEN REVIEWED AT THE PROJECT LEVEL BY:

PRINT NAME: _____ TITLE

SIGNATURE: _____
(MANDATORY)

THIS DOCUMENT HAS BEEN REVIEWED AT THE DISTRICT LEVEL BY:

PRINT NAME: _____ TITLE

SIGNATURE: _____
(MANDATORY)