

KANSAS DEPARTMENT OF TRANSPORTATION FINAL DBE PAYMENT AFFIDAVIT

DISTRIBUTION:

Office of Civil Rights - 1 Copy
Bureau of Construction and Maintenance - 1 Copy

State Project No.: _____ County: _____

Federal Project No.: _____ Contract No.: _____

Prime Contractor: _____

DBE FIRM NAME	BID ITEMS PERFORMED	DBE BID AMOUNT	DBE AMOUNT EARNED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The undersigned swears under penalty of perjury that the above statements are true and correct. The undersigned agrees to provide Kansas Department of Transportation with the actual checks to verify payment, when requested.

Contractor's Authorized Representative or Owner

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public: _____ Commission Expires: _____

Instructions

This form is required on every Federal-aid project with a DBE goal. The form is to be completed by the prime contractor and submitted to the KDOT construction office. The construction office will submit one copy to Bureau of Construction and Maintenance with the final estimate. A second copy is to be submitted separately to the Office of Civil Rights.

List each DBE firm separately.

Under DBE bid amount use the amount written on form 7-19-80-R9 at the time of bid.

Under DBE amount earned, list the total amount actually paid to the DBE, including underruns, overruns and additional work.

Each form must be notarized.

The statements made on each form are subject to verification by KDOT or FHWA personnel.