

## 53.1 General Discussion

After substantial completion of the work, the agency shall diligently pursue contract completion. In cases where the contractor is not diligently pursuing completion, the agency shall impose liquidating damages penalties, completion of remaining work with local forces or unilateral closure and claims against the contractor.

After the construction phase of a FHWA transportation project, done either by competitive bidding or by local agency forces, specific procedures are carried out to terminate the project's finances and review project performance. These procedures are necessary in order to settle any outstanding contract obligations, and to ensure that funds were expended properly.

This chapter lists requirements for closing the project accounts at WSDOT and FHWA and discusses project management reviews and project audits.

## 53.2 Closure

After the construction contract is complete, a 90-day project closure period begins. This closure period is initiated upon receipt of either a completion letter from the local agency or a final inspection of the project from the Region Local Programs Office. During this period, the local agency must complete the requirements described below.

**No further payment will be made after the date indicated on the 90-day closure letter without the approval of Local Programs.**

The local agency may request, however, that the 90-day closure period be extended. In this case, the local agency shall submit a written request to Local Programs justifying an extended closure period.

All Local Agency Agreements are required to have a Project Agreement End Date (2 CFR 200.309). Any costs incurred after the Project Agreement End Date are NOT eligible for federal reimbursement. All eligible costs incurred prior to the Project Agreement End Date must be submitted for reimbursement within 90 days after the Project Agreement End Date or they become ineligible for federal reimbursement.

**.21 WSDOT Project Review** – The Region Local Programs Engineer will conduct the final field inspection. It is suggested that the Region Local Programs Engineer be invited to the final project inspection with the contractor. If the final inspection reveals items that must be corrected or resolved before the project can be closed, these will be noted in the final inspection report. The Region Local Programs Engineer will work with the local agency to make the necessary corrections or to accomplish resolutions. If there is an unresolvable item indicating that a portion of project work is ineligible for FHWA reimbursement, WSDOT will issue a letter of notification outlining the ineligible work items and related costs.

**.22 Final Billing** – Within 90 calendar days of the completion date, the local agency shall submit a final bill ([Appendix 23.71](#)) clearly marked “Final Billing” and a Final Project Summary ([Appendix 23.75](#)) to WSDOT Headquarters Local Programs.

**.23 Project Closure** – Once the project has been reviewed and closed by FHWA, Local Programs provides the agency with an Administrative Review letter. The letter includes a final accounting and settlement of the total project costs which may result in a payment or billing to the agency as appropriate; and provides information on records retainage.

### 53.3 Project Reviews

In order to be reasonably certain that local agencies are administering FHWA funds in accordance with the Local Agency Guidelines, WSDOT will perform procedural reviews on selected local agency ad-and-award projects.

These reviews will be:

- Project Management Reviews (PMR) performed by Local Programs (see [Appendix 53.51](#) for review questions for PMR's and Documentation Reviews).
- Documentation Reviews performed by the Region Local Programs Engineer.

The agency may lose CA status, have its delegation of authority reduced to a project or phase of a project, or be placed on probationary CA. This may be the result of:

- A PMR or Documentation Review.
- An audit by the State Auditor.
- Final project inspection.
- The qualifications and experience of the agency staff are altered.

**.31 PMR Preparation** – Local Programs, through the Region Local Programs Engineer, will schedule a PMR with the agency and will request that the local agency managers participate. The local agency should have all pertinent documentation ready for the scheduled review. Typical procedural review questions are listed in [Appendix 53.51](#). Typical documents to be examined during this review are also listed in [Appendix 53.51](#). All deficiencies will be identified for the agency at the time of the PMR. Copies of documentation not available at the time of review shall be submitted through the Region Local Programs Engineer within 30 calendar days. After the 30-day period, the final PMR letter will be sent to the agency.

**.32 PMR Deficiencies** – If no major deficiencies are found in the local agency's project management methods, the local agency will be informed in writing of the review team's findings and recommendations.

If major deficiencies exist, the local agency will be asked to take corrective action within 60 days. If the deficiencies include ineligible work, WSDOT will issue a citation letter.

If deficiencies exist in the agency's procedures, management practices, or systems, or if specific project errors are found, WSDOT's administrative response might be one or more of the following:

- No action against the agency.
- Joint conference with the Local Agency, Region Local Programs Engineer, and the Director, Local Programs or the director's designee.

- Limit or withhold the agency's future Certification Acceptance authority (Chapter 13) to the extent deemed necessary:
  1. Allow Certification on a project-by-project basis.
  2. Direct WSDOT to assign a Project Engineer to each project for supervision, inspection, and administration.
  3. Contract the supervision, inspection, and administration to a consulting firm.
  4. Delay project authorization until adequate supervision, inspection, and administration is available from the local agency, WSDOT, or consultants.
- Establish a repayment plan when violations to procedures make certain expenditures ineligible for federal reimbursement. Per Section VII of the Local Agency agreement, withholding of funds from the local agency's gasoline tax distribution may be necessary if a satisfactory repayment plan is not established within 45 days.

## 53.4 Financial and Compliance Audit

**.41 Single Audit** – The local agency is responsible for ensuring that a federal single audit is performed in accordance with 2 CFR Part 200.501 – Audit Requirements. WSDOT is also responsible for ensuring that FHWA funds are properly expended. The State Auditor will therefore audit each local agency.

**.42 Project Audit** – A project audit by WSDOT Local Programs is triggered by deficiencies found during:

1. A routine audit by the State Auditor, either on an FHWA project or on any other project where federal funds are involved.
2. A documentation review.
3. A project management review.

**.43 Project Records** – Project records shall be maintained in accordance with the terms of the Local Agency Agreement and shall be made available to the audit personnel upon request. It is helpful if field notes and other documentation are available in sufficient detail to facilitate the audit review.

**.44 Audit Report** – The state auditor notifies Local Programs upon completion of a formal audit report. If findings on a particular audit arise, Local Programs contacts the agency to confirm the findings and coordinate resolution. Audit findings must be resolved within six months of the date that the audit report is issued. Upon resolution, Local Programs issues a Management Review letter to the agency and provides copies to the FHWA. Audits will normally include the following categories:

- Interagency Agreements
- Land Development or Land Acquisition Projects
- Tier Contracting Procedures
- Fund Management – Transactions
- Accounting Methods – Cash or Accrual
- DBE-EEO Practices
- Use of Grant Acquired Equipment

## 53.5 Appendices

- 53.51 Local Agency Project Management Review Checklist  
(DOT Form 272-024 and DOT Form 272-026)
- 53.52 Final Inspection of Federal Aid Project
- 53.53 Local Agency Monthly Report of Amounts Credited as DBE Participation
- 53.54 Certified Payroll Example



Local Agency Project Management Review Checklist

Agency _____	Date _____
Project Title _____	
Federal Aid Project Number _____	Contract Number _____
Reviewers _____	
Prime Contractor _____	
<b>Table of Organization and CA Agreement Review (Approving Authority)</b>	
Design Approval _____	
PS&E Approval _____	
Contract Award _____	
Contract Administration _____	
<b>Preliminary Engineering</b>	
Design approved by _____ PS&E approved by _____	
Commitment File _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
NEPA approval _____	Date _____
Were wage rates included in the contract _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was a Value Engineering Study completed _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Interest Findings (PIF)	
Patented/Proprietary items <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, approved by: _____
Mandatory use of borrow or disposal site <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, approved by: _____
Agency supplied material <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, approved by: _____
Agency supplied equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, approved by: _____
Local Agency Force work <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, approved by: _____
Two-week advertisement <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, approved by: _____
Tied bids <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, approved by: _____
<b>Right of Way</b>	
25 Right of Way acquired _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project Right of Way certification _____	Date _____
<b>Consultant Agreements</b>	
31 Agreement renewed prior to expiration date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feetype _____	
Advertisements on file _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did advertisement include Title VI language _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Selection process on file _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Consultant Agreements

Agency	Date
Project Title	
Federal Aid Project Number	
Consultant	

<b>Agreements</b>	<b>Execution</b>	<b>Comp. Date</b>
Original Agreement		
Supplement #		

**Advertising and Award**

46.21 FHWA construction authorization Date \_\_\_\_\_

46.24 Advertising Dates \_\_\_\_\_ to \_\_\_\_\_

46.24 Three week advertising period  Yes  No

46.25 Affidavits of publication in file  Yes  No

Did publication include Title VI language  Yes  No

46.25 Bid opening Date \_\_\_\_\_

Were bid analysis conducted prior to award on unbalanced Bid Items  Yes  No

If yes, is justification on file  Yes  No

46.27 Award \$ \_\_\_\_\_ Date \_\_\_\_\_

46.26 Award to lowest bidder  Yes  No

If not, explain: \_\_\_\_\_

**26 DBE Compliance and SBE Compliance**

26.2 DBE goal set % \_\_\_\_\_  Yes  No

26.2 DBE condition of award amount \$ \_\_\_\_\_

26.2 Is there concurrence to award from WSDOT/FHWA prior to a ward (projects containing DBE goal and full oversight projects only)  Yes  No

52.5 Did change orders affect DBE's  Yes  No

If so, explain: \_\_\_\_\_

26.2 DBE goal changes approved by WSDOT LP  Yes  No

26.2 Were quarterly report of amounts credited as DBE participation sent to region local programs engineer  Yes  No

Complaints regarding DBE's or from DBE  Yes  No

If yes, were the complaints submitted to WSDOT  Yes  No

Were complaints received from subcontractors for prime's failure to pay promptly or return retainage  Yes  No

Did Prime Contractor submit a Small Business Enterprise Plan  Yes  No  N/A

**Training**

Training goal set: Hours \_\_\_\_\_  Yes  No

Training plan approved by agency  Yes  No

Non-union training plan approved by FHWA  Yes  No

Training goal met: Hours \_\_\_\_\_  Yes  No

Comments: \_\_\_\_\_

Were trainee interviews conducted  Yes  No

Comments: \_\_\_\_\_

Training start date \_\_\_\_\_ Training end date \_\_\_\_\_

Were good faith efforts provided when minority/female were not submitted  Yes  No

If yes, is there documentation in the file  Yes  No

<b>Contract Administration</b>	
52.101	First working day _____ Number of working days _____
	Number of working days complete _____
	Were liquidated damages assessed <input type="checkbox"/> Yes <input type="checkbox"/> No
	Preconstruction conference minutes review <input type="checkbox"/> Yes <input type="checkbox"/> No
	Preconstruction Meeting held <input type="checkbox"/> Yes <input type="checkbox"/> No
	Preconstruction Meeting minutes/documentation <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do the minutes reflect discussion regarding DBE & EEO requirements <input type="checkbox"/> Yes <input type="checkbox"/> No
	Were there changes
	Scope <input type="checkbox"/> Yes <input type="checkbox"/> No
	Project Limits <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cost <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, is the NEPA still valid <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, is the design still in compliance with ADA requirements <input type="checkbox"/> Yes <input type="checkbox"/> No
52.51	Were any claims settled by administrative settlement <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, were claims submitted to local programs engineer <input type="checkbox"/> Yes <input type="checkbox"/> No
	Comments _____
_____	
52.1	Project diaries and inspector's daily reports signed and reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No
44.22e	TCP in contract <input type="checkbox"/> Yes <input type="checkbox"/> No
	Adopted by contractor <input type="checkbox"/> Yes <input type="checkbox"/> No
44.22e	Detour included in contract <input type="checkbox"/> Yes <input type="checkbox"/> No
44.22e	If yes, agreements included in contract <input type="checkbox"/> Yes <input type="checkbox"/> No
27.32	PR-1391 on file and PR1392 sent to region local programs <input type="checkbox"/> Yes <input type="checkbox"/> No
	Comments _____
_____	
<b>Contract Completion</b>	
52.83	End of project materials certification from project engineer to approving authority Date _____

## Local Agency Project Prime & Subcontractor Information

<b>Agency Name</b>	<b>Federal ID Number</b>	<b>Contact</b>	<b>Date</b>							
<b>Project Title</b>										
Prime	Name	Amount	Date of Request to Sublet to Sublet 421-012	DBE	Fed. Aid Certification 420-004	Statement of Intent to Pay Prev. Wages F700-029-000	Wage Rate Interview 424-003	DBE Review 272-051	Affidavit of Wages Paid F700-007-000	Payroll
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
<b>Total Amount Sublet \$</b>										
<b>% of Contract Sublet = (Maximum 70%)</b>										
Payroll: Certified by the contractor <input type="checkbox"/> Yes <input type="checkbox"/> No										Checked and initiated by the agency <input type="checkbox"/> Yes <input type="checkbox"/> No
How often were payrolls reviewed _____										
Notes _____										



## Electrical

Agency		Date	
Project Title		Federal Aid Project Number	
Reviewed By			
Bid Item		Material	
CMO	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plan Quantity	_____
Lump Sum Breakdown	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Quantity	_____
Field Note Record Date	Quantity on Field Note Record	Field Note Record Verified	
Comments			
Acceptable <input type="checkbox"/>		Deficiency as Needed <input type="checkbox"/>	

**Metal**

Agency		Date	
Project Title		Federal Aid Project Number	
Reviewed By			
Bid Item		Material	
Visual Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Plan Quantity	_____
Lag Exception Noted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Quantity	_____
ROM Maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No	RAM#	_____
Certificate of Material Origin	<input type="checkbox"/> Yes <input type="checkbox"/> No	Codes	_____
Qualified Products List	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Shop Drawing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Mfg. Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Test Report	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Approved for Shipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Bill of Lading	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Fabrication Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Approved Source	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Sign Acceptance Report	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Field Note Record Date	Quantity on Field Note Record	Field Note Record Verified	
Comments			
Acceptable <input type="checkbox"/>		Deficiency as Needed <input type="checkbox"/>	

### Aggregate Item

Agency			Date		
Project Title			Federal Aid Project Number		
Reviewed By					
Bid Item			Material		
Small Quantity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Plan Quantity	_____
Certified Ticket	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Paid Quantity	_____
Lag Exception Noted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	RAM#	_____
ROM Maintained	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Codes	_____
Visual Inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Approved Source-Pit #	_____
Scale Certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Maximum Density Curve	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Scaleman's Daily Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Preliminary Sample	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Acceptance Test	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Compaction Test	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Field Note Record Date		Quantity on Field Note Record		Field Note Record Verified	
Is this project on a NHS Rate?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If so, is the tester certification on file?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments					
Acceptable <input type="checkbox"/>			Deficiency as Needed <input type="checkbox"/>		

## Asphalt

Agency		Date	
Project Title		Federal Aid Project Number	
Reviewed By			
Bid Item		Material	
Lag Exception Noted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Plan Quantity	_____
ROM Maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Paid Quantity	_____
Scale Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	RAM#	_____
Visual Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Codes	_____
Saleman's Daily Report	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Approved Source-Pit #/Agg	_____
Prelim. Sample-Agg.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Acceptance Test-Agg.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Verified Mix Design Number	_____		
Qualified Products List	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Compaction Test	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Bill of Landing-Emulsified Asphalt	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Bill of Landing-Asphalt Binder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Certified Ticket	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Small Quantity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Field Note Record Date	Quantity on Field Note Record	Field Note Record Verified	
Is this project on a NHS Rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, is the tester certification on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments			
Acceptable	<input type="checkbox"/>	Deficiency as Needed	<input type="checkbox"/>

## Concrete

Agency		Date
Project Title		Federal Aid Project Number
Reviewed By		
Bid Item		Material
Lag Exception Noted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plan Quantity _____
ROM Maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Quantity _____
Conc. Pipe Acc. Report	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	RAM# _____
Small Quantity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Codes _____
Certified Ticket	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mix Design # _____
WSDOT Inspected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Mill Test Report-Bulk PC _____
Acceptance Test-Agg.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Source-Pit #/Agg. _____
Prelim. Sample-Agg.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Cylinder	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Plant Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Qualified Products List	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Cert. of Material Origin	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Visual Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Field Note Record Date	Quantity on Field Note Record	Field Note Record Verified
Is this project on a NHS Rate? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, is the tester certification on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments		
Acceptable <input type="checkbox"/> Deficiency as Needed <input type="checkbox"/>		

## Mobilization

Agency _____	Date _____
Project Title _____	Federal Aid Project Number _____

**Standard Specification 1-09.7**

Contract Bid Amount _____	Mobilization Bid Amount _____
5% of Contract Bid Amount _____	50% of Mobilization Bid Amount _____
10% of Contract Bid Amount _____	

Mobilization Paid on Estimate No. _____	
Contract Items Paid That Estimate _____	Mobilization Paid That Estimate _____
Contract Items Paid To Date _____	

Mobilization Paid on Estimate No. _____	
Contract Items Paid That Estimate _____	Mobilization Paid That Estimate _____
Contract Items Paid To Date _____	

Mobilization Paid on Estimate No. _____	
Contract Items Paid That Estimate _____	Mobilization Paid That Estimate _____
Contract Items Paid To Date _____	

Mobilization Paid After Substantial Completion \_\_\_\_\_

**Notes:**

1. When 5 percent of the total original contract amount is earned from other contract items, excluding amounts paid for materials on hand, 50 percent of the amount bid for mobilization, or 5 percent of the total original contract amount, whichever is the least, will be paid.
2. When 10 percent of the total original contract amount is earned from other contract items, excluding amounts paid for materials on hand, 100 percent of the amount bid for mobilization, or 10 percent of the total original contract amount, whichever is the least, will be paid.
3. When the substantial completion date has been established for the project, payment of any amount bid for mobilization in excess of 10 percent of the total original contract amount.

Acceptable                       Corrections Needed







# Local Agency Monthly Report of Appendix 53.53 Amounts Credited as DBE Participation



**Washington State  
Department of Transportation**

## Local Agency Monthly Report of Amounts Credited as DBE Participation

Check appropriate reporting period and enter reporting year. <input type="checkbox"/> Final	Federal Aid Number
Reporting Month _____ Reporting Year _____	Local Agency Project Number

Contractor	Agency
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DBE Participant Name and Federal Employer I.D. Number	Contract Type	Date of Payment	*Dollar Credit Amount

**Contract Type:** P = Prime      A = Agent      V = Service Provider  
 S = Subcontractor      R = Regular Dealer  
 J = Joint Venture      M = Manufacturer

I, the undersigned, do hereby certify that in connection with all work on the project for which this statement is submitted, each DBE participant contracted by me has been paid on the dates shown. \*Further, I certify that the amounts shown under "Dollar Credit Amount" are in accordance with the "DBE Eligibility" portion of the DBE Special Provision.

Signature	Title
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This form is due on the 20th of the month following the end of the previous Month.

DOT Form 422-103  
Revised 08/2016



