



# Regional Transit Authority

## RTA DBE PROGRAM

### PRIME CONTRACTOR MONTHLY DBE ACTIVITY REPORT

PRIME CONTRACTOR:

PROJECT NAME:

PROJECT #:

Instructions: As a condition of doing business with the RTA, all prime contractors are required to satisfy this element of the RTA DBE Program. Each prime contractor must complete and submit the following information. Part I requires you to provide information on your firm. Part II requires you to list the name and detailed information on each subcontractor which is working with you on the above-referenced project. Part III requires you to provide information on the payments made to the certified DBE firms working with you on the above-referenced project. All columns must be completed, as applicable. (The “Current Contract Value” refers to any change made to the original contract amount, reflecting amendments to the original contract. The “DBE Dollar Value/%” refers to the dollar value of the DBE portion of the total contract and the DBE percentage of the total contract.)

#### PART I: GENERAL INFORMATION

A	B	C	D	E
Prime Contractor Name	Contact Person	Job Title	Phone #	Email Address

**PART II: SUBCONTRACTORS**

A Business Name	B Phone #	C DBE or Non-DBE	D Dollar Value of Total Contract	E Estimated % of Total Contract	F Summary Description of Work to be Performed
-----------------------	-----------------	------------------------	--	---------------------------------------	---

**PART III: MONTHLY DBE ACTIVITY**

A Original Contract Amount	B Current Contract Amount	C Amount Paid to Prime to-Date	D Original DBE Dollar Value/%	E Current DBE Dollar Value/%	F Amount Paid to DBE to-Date
----------------------------------	---------------------------------	--------------------------------------	-------------------------------------	------------------------------------	------------------------------------

A	B	C	D	E	F
Subcontractor/ Subconsultant Vendor Name	Description of Services or Work Performed/Purchased	Original Amt. of Contract/ Purchase Order	Modifications to Contract Amount	Dollar Amount Paid this Period	Dollar Amount Paid To Date

I (Print Name) \_\_\_\_\_ certify that the information contained herein is true and correct. I acknowledge that the RTA may impose a penalty for submitting false information.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Full Company Name \_\_\_\_\_ Area Code/Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

SWORN TO AND SUBSCRIBED, before me, this \_\_\_\_\_ day of \_\_\_\_\_,

NOTARY PUBLIC  
My commission expires: