**DBE Payment Information**

### For Federal-aid Consultant Contracts

(See Page 2 for instructions)

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| --- |
| Contract Information |
| County: |        | City: |        |
| Iowa DOT Project Number: |        |
| Description of Work: |        |
|  |        |
| Total Contract Dollars Paid: |  $       |
| Federal Dollars in the Contract:  |  $       |
| Contract Completion Date: |        |
| Name of Prime Consultant: |        |
| Was a DBE goal set for this contract?  | [ ]  Yes [ ]  No |  If Yes, DBE goal was  |        % |

|  |  |  |
| --- | --- | --- |
| **Subconsultant Information** |  |  |
| **Names of DBE Subconsultants** | Commitment Amount | Actual AmountsPaid |
|        | $       | $       |
|        | $       | $       |
|        | $       | $       |
|        | $       | $       |
|        | $       | $       |
|        | $       | $       |
|        | $       | $       |
|        | $       | $       |
|        | $       | $       |
|        | $       | $       |
|        | $       | $       |
|        | $       | $       |
| Total Amount Paid to DBE Firms | $       | **$** |

|  |
| --- |
| Signatures |
| Submitted by: |        |  Date: |        |
| Title / position: |        |  |  |

Instructions for Completing the DBE Payment Information Form

**This form must be completed after the consultant work is complete, regardless of whether a DBE goal was set, or whether any DBE firms were used.** For federal-aid contracts between a local public agency (LPA) and a consultant, the LPA shall complete this form. For federal-aid contracts between the Iowa DOT and a consultant, the Iowa DOT contract administrator shall complete this form. Complete this form as follows:

**Contract Information**

County: Enter the name of the county in which the project is located.

City: If the project is located in a city, enter the name of the city. If not, leave this field blank.

Iowa DOT Project Number: Enter the Iowa DOT project number used for this contract.

Description of Work: Enter a brief description of the prime consultant’s scope of work for this contract, including any subsequent supplemental consultant agreements. If any supplemental agreements are included, specify the number of supplemental agreements included.

Total Contract Dollars Paid: Enter the total amount paid under the both the original consultant agreement and any subsequent supplemental consultant agreements.

Federal Dollars in the Contract: Enter the federal share of funds for the contract, calculated as follows: Federal Dollars in the Contract = (Final amount paid to the consultant – any non-participating portions) x (the appropriate federal-aid reimbursement rate). Note: If the calculated amount exceeds the federal-aid limit as shown in the Statewide Transportation Improvement Program (STIP), enter the STIP amount or the portion of federal funds to be used for this contract, whichever is less.

Contract Completion Date: For LPA consultant contracts, enter the date the consultant work was accepted as complete by the LPA. For Iowa DOT consultant contracts, enter the date the consultant work was accepted as complete by the Iowa DOT contract administrator.

Name of Prime Consultant: Enter the name of the prime consulting firm.

Was a DBE goal set for this contract? Check yes or no to indicate if a DBE goal was set for this contract as a whole, including the original consultant agreement plus any supplemental agreements. If yes, indicate the percentage DBE goal that was set for the contract.

**Subconsultant Information**

Enter the name of each DBE subconsultant firm that was included in the original consultant agreement, plus any supplemental agreements. For each DBE firm listed, enter the original amount of DBE commitment (as shown on Form 517010), and the actual amount of dollars paid to each DBE subconsultant. For the “Total Amount Paid to DBE Firms,” enter the sum of all actual amounts paid. If the total amount paid to DBE firms is less than the total DBE commitment, attach an explanation that describes why the DBE commitment was not achieved. Without adequate justification, failure to meet the total DBE commitment may result in monetary sanctions. Note: If the prime consultant is a DBE, also include in the total the portion of the final contract amount designated for the prime consultant.

**Signatures\***

Submitted by / Date: Enter the name of the person responsible for administering the consultant contract and the date the form was submitted. For LPA federal-aid projects, this should be a city or county official. For Iowa DOT consultant contracts, enter the name of the Iowa DOT consultant contract administrator.

Title / position: Enter the title of the person noted above.

\* Handwritten signatures are not required for forms that are submitted electronically.