

**(MONTHLY FORM 103)**

**RACE-CONSCIOUS MONTHLY DBE SUBCONTRACTOR COMMITMENT AND ATTAINMENT REPORT SUMMARY AND PAYMENT VERIFICATION (Form 103)**

Reporting Period (month): \_\_\_\_\_, 20\_\_

Contract Number: _____	Form 103 Report No.: _____	Report prepared by: _____	
Contract Award Date: _____	Original Contract Award Amount: _____	Title: _____	
Prime Name: _____	Prime Current Contract Value: _____ [B]	Report reviewed by: _____	
	% of Project Complete: _____	Signature: _____	
Address: _____	[D] divided by [B] _____	Title: _____	
	Total Paid to Prime this Month: _____		
	Total Paid to Prime to Date _____ [D]	Prime's Current DBE Attainment (A/B): _____	(Total Dollars Paid to DBEs divided by Prime Current Contract Value)
Telephone No.: _____	Total Paid to DBEs this Month: _____		
	Total Paid to DBEs to Date _____ [A]	Prime's Current DBE Commitment (C/E): _____	(Total DBE Current Eligible DBE Subcontract Value divided by Prime Current Contract Value)
Prime Commitment at Award: _____	Date of Last Progress Payment to Prime _____		

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
SUBCONTRACTOR	Type of Work Performed (Scope)	Original \$ Amount Committed at Award	\$ +/- Resulting from Change Order Activity	\$ Amount of Current Commitment	\$ Amount of Eligible DBE Participation Claimed <sup>1</sup>	\$ Amount Paid to DBE this month	\$ Amount paid to lower Tier(s) of DBE this month	Eligible \$ Amount Paid to DBE this month = (Column 7 minus Column 8) x DBE Capacity	\$ Amount paid to lower Tier(s) of DBE to Date	Eligible \$ Amount Paid to DBE to Date minus Payment to lower Tier(s)	% of Retention Withheld	% of Work Complete	Notes/Comments	
	Applicable NAICS Code(s)													
Name: _____							DBE:		DBE:					
Address: _____							\$ -		\$ -					
City, State, Zip Code: _____														
Telephone Number: _____														
TYPE: Subcontractor _____ Broker _____		\$ -	\$ -	\$ -	\$ -	\$ -	NON DBE:	\$ -	NON DBE:	\$ -	0%	#DIV/0!		
Supplier: Regular Dealer _____ or Manufacturer _____														
CERTIFICATION(s): ( ) SB ( ) DBE ( ) DVBE ( ) MB Certification #:							\$ -		\$ -					
Verification of Payment Attached: YES NO														
Anticipated Commencement of Work Date														
Name: _____							DBE:		DBE:					
Address: _____							\$ -		\$ -					
City, State, Zip Code: _____														
Telephone Number: _____														
TYPE: Subcontractor _____ Broker _____		\$ -	\$ -	\$ -	\$ -	\$ -	NON DBE:	\$ -	NON DBE:	\$ -	0%	#DIV/0!		
Supplier: Regular Dealer _____ or Manufacturer _____														
CERTIFICATION(s): ( ) SB ( ) DBE ( ) DVBE ( ) MB Certification #:							\$ -		\$ -					
Verification of Payment Attached: YES NO														
Anticipated Commencement of Work Date														
[C]														
DBE Total(s):		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	#DIV/0!		

<sup>1</sup> Eligible amount claimed is based on applicable crediting provisions, DBE Current contract value (excluding amounts subcontracted to lower-tiers) multiplied by capacity of work performed by listed DBE (CUP).

COMMENTS/ISSUES: \_\_\_\_\_

By Signing below the Contractor hereby certifies under penalty of perjury that the information provided on or in connection with this form is true, accurate and complete. Additionally, the Contractor hereby certifies it has complied with all requirements of 49 CFR, Part 26 and prompt payment requirements of the California Public Contract Code.

Authorized Binding Name: \_\_\_\_\_  
 Authorized Binding Title: \_\_\_\_\_  
 Authorized Binding Signature: \_\_\_\_\_

If necessary, this form can be duplicated and/or modified; however, it must contain all requested data fields.