LPA PROJECT

CERTIFICATION OF PAYMENTS TO SUBCONTRACTORS

Project No:					C	ounty:				
Prime Contractor:										
Project Engineer:										
THIS IS TO CERTIFY THAT INDICATED FOR WORK PETHE DBE REQUIREMENTS.	RFOR	MED OR I	MATER	RIALS/SU	PPLIES	PURCHAS				
Prime Contractor	Date of Payment		Amount Paid This Period		Total Paid to Date					
DBE ☐ Yes / ☐ No)									
DBE Firm (listed on OCR-481 to meet Project Goal)			Date of Payment		Amount Paid This Period		Amount of Retainage Withheld	Amount of Retainage Paid	Percent of Retainage Paid	% Sub- Contract Complete
DBE Firm (not listed on OCR- 481 to meet Project Goal)	Type of Firm	Date of Payment			Total Pa	aid to Date	Amount of Retainage Withheld	Amount of Retainage Paid	Percent of Retainage Paid	% Sub- Contract Complete
Non-DBE Firm Type of Firm				unt Paid Period	Total Paid to Date		Amount of Retainage Withheld	Amount of Retainage Paid	Percent of Retainage Paid	% Sub- Contract Complete
_										
							Total DBE Pro	oject Goal:		
	Subr	mitted by					Data			
		Title					Date:			
				*** IN	STRUCT	IONS ***				

- 1. Contractor must submit this report for **EVERY PROJECT** each month to the Project Engineer.
- 2. If no payments are made this period, submit a negative or no change report to the Project Engineer.
- 3. The Project Engineer will attach a copy of the OCR-484 to the Monthly Estimate; Project Engineer will submit original to the Office of Civil Rights.
- 4. Progress estimates will be withheld if Contractor fails to submit OCR-484.
- 5. Type of firm is either (S) for Supplier, (C) for Contractor, (B) for Bonding, (M) for Miscellaneous, or (CS) for Consultant.