



**DBE CONTRACT COMPLIANCE CLOSE-OUT REPORT
(To be completed by Consultant/Contractor)**

Note: Please complete this close-out report accurately and include all required documentation to ensure a timely approval process.

Project Name:	
Solicitation No.:	Contract No.:
Consultant/Contractor Name:	
Project Mgr/Contract Admin.:	
Consultant/Contractor Certification Type: <input type="checkbox"/> DBE <input type="checkbox"/> NON-DBE <input type="checkbox"/> DBE Joint Venture	

Part 1a: Consultant/Contractor Summary Information

Original Contract & Compliance Plan	Approved Changes	Final Total	Actual Amount Paid	Retainage
Contract Amt \$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Part 1b: DBE Consultant/Contractor Participation Summary

If contractor/consultant is a DBE, contractor/consultant participation, minus any amount subcontracted, if applicable.

Original Compliance Plan	Approved Changes	Final Total
\$ _____ (____%)	\$ _____	\$ _____ (____%)

Part 2: Sub-Consultant/Subcontractor Participation Summary

Original Contract & Compliance Plan	Approved Changes	Final Total	Actual Amount Paid	Retainage
DBE Amts \$ _____ (____%)	\$ _____	\$ _____ (____%)	\$ _____	\$ _____
Non-DBE Amts \$ _____ (____%)	\$ _____	\$ _____ (____%)	\$ _____	\$ _____

Part 3: Subcontractor Participation (Duplicate as needed.)

List below all subcontractors/subconsultants/suppliers (DBEs as well as non-DBEs) used in performance of the contract to include any additions, deletions and substitutions.

Subconsultant/Subcontractor _____			<input type="checkbox"/> DBE <input type="checkbox"/> Non-DBE
a) Compliance Plan \$ _____	b) Approved Changes (RFC addition, deletion, substitution or contract change) \$ _____	c) Actual Amount Paid \$ _____	d) Amt. of Retainage Due \$ _____

List reasons for any difference in amount contained in original Compliance Plan (a) and final total (c+d)
(Please indicate the date of the SMBR Approved Request for Change and Change Order number, when applicable.)

Subconsultant/Subcontractor _____			<input type="checkbox"/> DBE <input type="checkbox"/> Non-DBE
a) Compliance Plan \$ _____	b) Approved Changes (RFC addition, deletion, substitution or contract change) \$ _____	c) Actual Amount Paid \$ _____	d) Amt. of Retainage Due \$ _____

List reasons for any difference in amount contained in original Compliance Plan (a) and final total (c+d)
(Please indicate the date of the SMBR Approved Request for Change and Change Order number, when applicable.)

Subconsultant/Subcontractor _____			<input type="checkbox"/> DBE <input type="checkbox"/> Non-DBE
a) Compliance Plan \$ _____	b) Approved Changes (RFC addition, deletion, substitution or contract change) \$ _____	c) Actual Amount Paid \$ _____	d) Amt. of Retainage Due \$ _____

List reasons for any difference in amount contained in original Compliance Plan (a) and final total (c+d)
(Please indicate the date of the SMBR Approved Request for Change and Change Order number, when applicable.)

Subconsultant/Subcontractor _____			<input type="checkbox"/> DBE <input type="checkbox"/> Non-DBE
a) Compliance Plan \$ _____	b) Approved Changes (RFC addition, deletion, substitution or contract change) \$ _____	c) Actual Amount Paid \$ _____	d) Amt. of Retainage Due \$ _____

List reasons for any difference in amount contained in original Compliance Plan (a) and final total (c+d)
(Please indicate the date of the SMBR Approved Request for Change and Change Order number, when applicable.)

Part 4: Consultant/Contractor Affidavit

I certify that the above information in this DBE Close-Out Report is true and complete to the best of my knowledge. I certify I have met the prompt payment and release of retainage requirements as outlined in 49 CFR Part 26.29.

Name and Title (Print): _____

SIGNATURE: _____ DATE: _____

STATE OF _____

COUNTY OF _____

On the ____ day of _____, 20____, personally appeared _____, and having been duly sworn by me, subscribed to the foregoing affidavit and has stated that the facts stated therein are true and correct.

Notary Public

Printed Name of Notary

For City of Austin use only:

Note: Project Managers, please confirm prior to approval and SMBR submission of this close-out report.

Did the Contractor/Consultant provided *sufficient documentation that all sub-consultant/subcontractor utilized on the project has been paid in full, all pending payment claims have been resolved and released retainage? YES NO

Project Mgr./Contract Administrator Approval **Date**

Did the Contractor/Consultant meet the Post-Award Requirements of the DBE Procurement Program as outlined in 49 CFR Part 26? YES NO

Did any violations occur on the project? YES NO

Goal Attainment: Approved DBE Goal: _____% **Close-out DBE Goal:** _____%

SMBR Representative Approval **Date**

SMBR Director Approval **Date**

*Note: Sufficient documentation includes but is not limited to final release and waiver of lien, email correspondence or any written documentation between the prime and subconsultant/subcontractor that payment has been paid in full.

