

Return To:
Nebraska Department of Roads
Disadvantaged Business Enterprise Office
P.O. Box 94759
Lincoln, NE 68509-4759
FAX: (402) 479-3728

Date: _____

Nebraska Department of Roads

Identification of DBE Goal Achievement

DBE I

Project No.: _____ Control No.: _____

Location: _____

Total dollar goal commitment at time of contract award: _____ \$

Prime Contractor: _____

Note: *This form is to be completed as accurately as possible with the understanding that final quantities may not be available at the time of completion.*

	Name of Certified DBE	Description of Work Subcontracted or Services Provided	\$ Amount of Subcontract	\$ Amount of Payment Issued	\$ Amount of Retainage
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____

By _____ Total Actual Payment to DBE _____ \$
(Signature)