

ILLINOIS STATE TOLL HIGHWAY AUTHORITY
FORM 2024 - DBE Trucking Reporting and Verification Form

To be submitted to the CM by the prime contractor at 25%, 50%, 75% of contract completion, FINAL (Request for Release of Final Retainage)

SECTION A: to be completed by Prime Contractor

(a) Contract Number	<div style="border-bottom: 1px solid black; width: 100%;"></div>		
(b) Prime Contractor Name	<div style="border-bottom: 1px solid black; width: 100%;"></div>		
(c) Contract Award Value	<div style="border-bottom: 1px solid black; width: 100%;"></div>		
(d) Amount Earned to Date	<div style="border-bottom: 1px solid black; width: 100%;"></div>		
(e) Percent Complete	<div style="border-bottom: 1px solid black; width: 100px; text-align: center;">25%</div>	▼	Chose One
(f) Reporting Period:	<div style="border-bottom: 1px solid black; width: 100px;"></div>	To	<div style="border-bottom: 1px solid black; width: 100px;"></div>

(h) Name of DBE Trucking Subcontractor	(i) DBE Trucking Subcontractor Amount from DBE Plan (Form 2025)	(j) Amount Paid to DBE Trucking Subcontractor to Date	(k) Percent of Planned Amount Paid to Date
	\$ 1,000,000.00	\$ 85,000.00	8.50%

(h) <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Signature of Prime Contractor Authorized Agent</div>	Date <div style="border-bottom: 1px solid black; width: 100%;"></div>
(i) <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Printed Name</div>	Title <div style="border-bottom: 1px solid black; width: 100%;"></div>

SECTION B: to be completed by DBE Trucking Sub-Contractor

<p>(j) Total value of payments received for trucks owned and operated by this DBE trucker</p> <p>(k) Total value of payments received for trucks leased and operated by another DBE trucker</p> <p>(l) Total value of payments received for trucks leased from a Non-DBE trucker</p> <p>(m) _____</p> <p>(n) Total fee or commission received in association with lease of Non-DBE trucks (mark-up)</p> <p>(o) Total DBE Trucking Participation Based on DBE Special Provision VII.A.</p> <p>(p) _____</p> <p>(q) _____</p>	<table border="0" style="width: 100%;"><tr><th colspan="2" style="text-align: center;">Number of Trucks</th></tr><tr><td style="width: 60%;">a. \$ 50,000.00</td><td style="width: 40%; text-align: center;">4</td></tr><tr><td>b. \$ 25,000.00</td><td style="text-align: center;">2</td></tr><tr><td>c. \$ 10,000.00</td><td style="text-align: center;">1</td></tr><tr><td colspan="2" style="border-top: 1px solid black; padding-top: 5px;">(m) \$ 85,000.00</td></tr><tr><td colspan="2" style="font-size: small;">Total of a, b & c above must be equal to the amount paid to subcontract as disclosed by the prime contractor in Section A (Shaded Cell); include number of trucks for each dollar value.</td></tr><tr><td>d. \$ 2,000.00</td><td></td></tr><tr><td colspan="2" style="border: 1px solid black; padding: 5px; text-align: right;">\$ 77,000.00</td></tr><tr><td colspan="2" style="text-align: center; font-size: small;">Sum of a, b & d above</td></tr></table> <table border="0" style="width: 100%; margin-top: 10px;"><tr><td style="width: 50%;">(p) <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Signature of DBE Sub-Contractor Authorized Agent</div></td><td style="width: 50%;">Date <div style="border-bottom: 1px solid black; width: 100%;"></div></td></tr><tr><td>(q) <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Printed Name</div></td><td>Title <div style="border-bottom: 1px solid black; width: 100%;"></div></td></tr></table>	Number of Trucks		a. \$ 50,000.00	4	b. \$ 25,000.00	2	c. \$ 10,000.00	1	(m) \$ 85,000.00		Total of a, b & c above must be equal to the amount paid to subcontract as disclosed by the prime contractor in Section A (Shaded Cell); include number of trucks for each dollar value.		d. \$ 2,000.00		\$ 77,000.00		Sum of a, b & d above		(p) <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Signature of DBE Sub-Contractor Authorized Agent</div>	Date <div style="border-bottom: 1px solid black; width: 100%;"></div>	(q) <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Printed Name</div>	Title <div style="border-bottom: 1px solid black; width: 100%;"></div>
Number of Trucks																							
a. \$ 50,000.00	4																						
b. \$ 25,000.00	2																						
c. \$ 10,000.00	1																						
(m) \$ 85,000.00																							
Total of a, b & c above must be equal to the amount paid to subcontract as disclosed by the prime contractor in Section A (Shaded Cell); include number of trucks for each dollar value.																							
d. \$ 2,000.00																							
\$ 77,000.00																							
Sum of a, b & d above																							
(p) <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Signature of DBE Sub-Contractor Authorized Agent</div>	Date <div style="border-bottom: 1px solid black; width: 100%;"></div>																						
(q) <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Printed Name</div>	Title <div style="border-bottom: 1px solid black; width: 100%;"></div>																						

I certify that I have read and understood the information provided by this form and that all of the foregoing information submitted in this affidavit are true and correct to the best of my knowledge, as of the stated date(s), and that all responses are full and complete, omitting no material information. I authorize the Illinois State Toll Highway Authority to make inquiries to verify the accuracy of the statements made.

I understand that a material or false statement or omission made in connection with this application may be sufficient cause for revocation of a prior DBE certification, initiation of suspension or debarment proceedings, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable Federal and State law.

Signature /Date of Construction Manager (CM)


Diversity Verification

Initials / Date

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To be submitted to the CM by the prime contractor at 25%, 50%, 75% of contract completion, FINAL (Request for Release of Final Retainage)

SECTION A: to be completed by Prime Contractor

(a)	Contract Number	<u>enter Tollway contract number</u>	
(b)	Prime Contractor Name	<u>enter name of awarded contractor</u>	
(c)	Contract Award Value	<u>enter current approved contract value</u>	
(d)	Amount Earned to Date	<u>enter current amount earned to date as of date of submission of form</u>	
(e)	Percent Complete	25% 	<u>Chose One</u>
(f)	Reporting Period:	<u>beginning date of report</u>	To <u>ending date of reporting period</u>

(h) Name of DBE Trucking Subcontractor	(i) DBE Trucking Subcontractor Amount from DBE Plan (Form 2025)	(j) Amount Paid to DBE Trucking Subcontractor to Date	(k) Percent of Planned Amount Paid to Date
(g) List name of DBE Trucking Firm (use separate sheet for each firm)		amount paid to listed firm to-date	#VALUE!

note: value will automatically calculate

(h) Authorized Signature	Date that report is submitted
Signature of Prime Contractor Authorized Agent	Date
Print Name of Above Authorized Signer	
(i)	Title of Authorized Signer
Printed Name	Title

SECTION B: to be completed by DBE Trucking Sub-Contractor

		Number of Trucks	
(j)	Total value of payments received for trucks owned and operated by this DBE trucker	a. \$	
(k)	Total value of payments received for trucks leased and operated by another DBE trucker	b. \$	
(l)	Total value of payments received for trucks leased from a Non-DBE trucker	c. \$	
(m)	this field will automatically populate	<div>ERROR</div> <div>Total of a, b & c above must be equal to the amount paid to subcontract as disclosed by the prime contractor in Section A (Shaded Cell); include number of trucks for each dollar value</div>	
(n)	Total fee or commission received in association with lease of Non-DBE trucks (mark-up)	d. Total must include any mark-up	
(o)	Total DBE Trucking Participation Based on DBE Special Provision VII.A.	\$	-
	This field will automatically populate	Sum of a, b & d above	
(p)	Signature of DBE Sub-Contractor Authorized Agent	Date	
(q)	Printed Name	Title	

I certify that I have read and understood the information provided by this form and that all of the foregoing information submitted in this affidavit are true and correct to the best of my knowledge, as of the stated date(s), and that all responses are full and complete, omitting no material information. I authorize the Illinois State Toll Highway Authority to make inquiries to verify the accuracy of the statements made.

I understand that a material or false statement or omission made in connection with this application may be sufficient cause for revocation of a prior DBE certification, initiation of suspension or debarment proceedings, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable Federal and State law.

Signature of Assigned CM with date Signed
Signature /Date of Construction Manager (CM)

Diversity Verification _____
Initials / Date

Diversity Department Staff will Initial and Date upon Receipt