

CONTRACT COMMITMENTS/AWARDS AND PAYMENTS REPORT FOR AIRPORT GRANTS

TAD Project Number: _____	Prime Contractor Name: _____	
Contract Number: _____	Contract Award Date: _____	
Original Contract Amount (\$): _____	Revised Contract Amount \$ (if applicable): _____	
Committed DBE %: _____	Date Report Prepared/Revised: _____	Final? <input type="checkbox"/> Yes <input type="checkbox"/> No

Instructions: This form shall be submitted with each pay estimate. Entries must include **all** types of subcontracts awarded or committed, including: professional or consultant services, construction, purchase of materials or supplies, lease or purchase of equipment and any other types of services. DBEs must be clearly identified.

- Terms are defined in CFR Title 49 Part 26 Subpart A §26.5
 - All DBE firms must be certified by the Unified Certification Program to be counted in this report.
- [Unified Certification Program Directory: https://faa.dbesystem.com/Default.asp](https://faa.dbesystem.com/Default.asp)
[TNUCP: https://www.tdot.tn.gov/APPLICATIONS/DBEDirect/](https://www.tdot.tn.gov/APPLICATIONS/DBEDirect/)

<u>Type of Contracts</u>	
Subcontract	*Report the full amount to committed and paid to suppliers.
Supplier*	<u>Note:</u> CFR Title 49 Part 26 Subpart A §26.55(e)(2)(i) If the materials or supplies are purchased from a DBE regular dealer, count 60 percent of the cost of the materials or supplies toward DBE goals.
Manufacturer	

Contracts and Subcontracts Awarded/Committed and Payments Made (Include all types of subcontracts)

Type of Contract or Agreement	Business/Vendor Name	Original Contract Amount (\$)	Date of Award/Commitment	Amount Paid this Period (\$)	Amount Paid to Date (\$)	Certified DBE (Yes or No)?

Add rows as needed

Payment Summaries for Completed Contracts (Complete with Final Report)

Date of Final Project Acceptance: _____

Type of Contract or Agreement	Business/Vendor Name	Total Paid to date (Dollars)	Est. Final Payment (Dollars)	Sum	Est. Total Payment (Dollars)	Certified DBE (Yes or No)?
				=		
				=		
				=		
				=		
				=		
				=		
				=		
				=		
				=		
				=		

Add rows as needed

Name & Title of Individual Completing Report (Type or Print Clearly)	
I certify that contracts have been executed with the above firms, amounts listed are accurate and payments were made in accordance with contractual obligations. Cancelled checks and/or supporting information will be on file for inspection or audit.	
Name: _____	Phone: _____
Title: _____	