**Certification Regarding Money Paid to Disadvantaged Business Enterprises (CC-3)**

|  |  |  |  |
| --- | --- | --- | --- |
| I, |       | , certify that to the best of my knowledge, |       |
|  | Name of Owner or Authorized Representative |  | Name of DBE |
| has been paid in full, per the amount of the contract for actual work performed on: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contract No. |       | County |       | , as of |       |

|  |
| --- |
| I further certify that I am duly authorized to make this certification on behalf of the named contractor. |

|  |  |  |  |
| --- | --- | --- | --- |
| **DISADVANTAGED BUSINESS ENTERPRISE** |  | **AMOUNT** |  |
|  |  |  |  |
|       |  |       | Original DBE Subcontract $ |
| Firm Name |  |  |
|  |  |  |  |
|  |  |       | Original DBE Subcontract Date |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PRIME CONTRACTOR: |       |  |  |  |
|  |  |  |  |  |
| SIGNATURE: |  |  |       | Paid to date |
|  |  |  |  |  |
| TITLE: |       |  |       | Est. final pmt. |
|  |  |  |  |  |
| DATE: |       |  |       | TOTAL |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| I, |       | , certify that to the best of my knowledge, |       |
|  | Name of DBE Owner or Authorized Representative |  | Name of Contractor |
| has paid the named DBE, in full, per the amount of the contract for actual work performed on: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contract No. |       | County |       | , as of |       |

|  |
| --- |
| I further certify that I am duly authorized to make this certification on behalf of the named contractor. |

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| --- | --- | --- | --- |
| **DISADVANTAGED BUSINESS ENTERPRISE** |  | **AMOUNT** |  |
|  |  |  |  |
|       |  |       | Original DBE Subcontract $ |
| Firm Name |  |  |
|  |  |  |  |
|  |  |       | Original DBE Subcontract Date |
|  |  |  |
| SIGNATURE: |  |  |       | Paid to date |
|  |  |  |  |  |
| TITLE: |       |  |       | Est. final pmt. |
|  |  |  |  |  |
| DATE: |       |  |       | TOTAL |
|  |  |  |  |  |