Monthly Participation Progress Report

Reporting Period (month):_____, 20_____

Contract Number	Contract Award Date	Current Contract Termination Date	Original Contract Amount	Amended Total Contract Amount	Contract UDBE/DBE Goal	E/DBE Goal	Attain	Current Contract Small Business (SB) Participation To Date
			$_____ -	$_____ -	_____%	DBE 0.00%		
						UDBE 0.00%		

Task/Job Order Number	Task/Job Order Issue Date	Task Order Termination Date	Original Task/Job Order Amount	Amended Total Task/Job Order Amount	Task/Job Order UDBE/Goal	UDBE/DBE Goal	Att	Task/Job Order Small Business (SB) Participation to Date
			$_____ -	$_____ -	_____%	DBE 0.00%		
						UDBE 0.00%		

Prime Contractor/Consultant Information

Company Name : _____ **Address:** _____

Tax ID Number: _____ **City:** _____ **State:** _____

E-Mail: _____

Total Dollars Paid to DBE/UDBEs This Month on Task/Job Order	Total Dollars Paid to DBE/UDBEs This Month on Contract	Total Dollars Paid to SBs this Month on Task/Job Order	Total Dollars Paid to SBs this Month on Contract
DBE $	DBE $		
UDBE $	UDBE $	$	$

Business Ownership by Minority Code			Total Dollars paid to Prime to date on the contract	Total Dollars Paid to Prime to Date on the Task/Job Order	Total Dollars Paid to DBE/UDBEs to Date on Task/Job Order	Total Dollars Paid to DBE/UDBEs to Date on Contract	Total Dollars Paid to Date to SBs on Task/Job Order	Total Dollars Paid to Date to SBs on Contract
BA - Black American	NA - Native American	APA - Asian Pacific American			DBE $	DBE $		
W - Woman	HA - Hispanic American	SCA - Subcontinent Asian American	$	$	UDBE $	UDBE $	$	$

SUBCONTRACTORS/(PRIME-ONLY IF DBE/UDBE/SB)	DBE Designation			Minority Type	SB (Small Business)		DBE/UDBE/SB Payments				Type of Work Performed (Scope)
	DBE	UDBE (FTA only)	CUCP #		SBE	SB Cert #	Amount Paid This Month on Task/Job Order	Amount Paid This Month on Contract	Amount Paid to Date on Task/Job Order	Amount Paid to Date on Contract	
Name: Address: City, Sate, Zip Code: Telephone Number: E-mail: Committed Amount/Percentage:							$	$	$	$	
Name: Address: City, Sate, Zip Code: Telephone Number: E-mail: Committed Amount/Percentage:							$	$	$	$	
Name: Address: City, Sate, Zip Code: Telephone Number: E-mail: Committed Amount/Percentage:							$	$	$	$	
						Total Payments	$	$	$	$	

***Minority Type is required for DBE/UDBE firms and is optional for SB firms, although we would like to have this information for reporting purposes.**

****Contractor/Consultant will be required to input the information via an internet browser once _____ D-CIMS is implemented.**

I certify under penalty of perjury that payments to subcontractors/subconsultants and suppliers have been made from previous payments received under this Project, and timely payments have been made in accordance with the Prompt Payment Provisions set forth in _____ Contract, DBE Program, and the California Public Contract and Business Professions Codes.	
Contractor/Consultant Representative's Name and Title	**Business Contact Numbers** **Phone:** **E-mail:**