FORM CP-1A
LOUISIANA DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
CONTRACTOR'S MONTHLY DBE PARTICIPATION

STATE PROJECT NO.	CONTRACTOR:
FEDERAL AID PROJECT NO.	
ESTIMATE NO.	REPORT PERIOD: _____ TO: _____

DOTD CERTIFIED DBE SUBCONTRACTOR OR SUPPLIER	ITEMS PERFORMED AND PAID THIS ESTIMATE PERIOD	AMOUNT PAID THIS MONTH[1]	TOTAL PAID TO DATE[1]

[1]For suppliers, list total amount paid and the 60 percent value counted toward the goal.

This report covers the previous estimate period and shall be submitted to the Project Engineer with the current month's pay estimate. Estimates will be withheld until required form is submitted. Questions should be directed to the DOTD Compliance Programs Section at (225) 379-1382.

The Contractor certifies that the above amounts <u>were paid</u> to the listed DBEs and that documentation of these payments is available for inspection.

Project Engineer has reviewed this form. _____ (Signature of Project Engineer).

Authorized Signature	
Typed or Printed Name	
Title	
Phone No.	
Date	