

**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 \_\_\_\_\_

(b) Prime Contractor Name \_\_\_\_\_

(c) Contract Award Value \_\_\_\_\_

(d) Amount Earned to Date \_\_\_\_\_

(e) Percent Complete 25%  Chose One

(f) Reporting Period: \_\_\_\_\_ To \_\_\_\_\_

(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) _____	\$ 1,000,000.00	\$ 85,000.00	8.50%

(h) \_\_\_\_\_  
Signature of Prime Contractor Authorized Agent

\_\_\_\_\_ Date

(i) \_\_\_\_\_  
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. \$ 50,000.00	4
(k) Total value of payments received for trucks leased and operated by another DBE trucker	b. \$ 25,000.00	2
(l) <b>Total value of payments received for trucks leased from a Non-DBE trucker</b>	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.		
(n) Total fee or commission received in association with lease of Non-DBE trucks (mark-up)	d. \$ 2,000.00	
(o) <b>Total DBE Trucking Participation Based on DBE Special Provision VI. C. 4.</b>	\$ 77,000.00	
	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 /Date of Construction Manager (CM)

**Diversity Verification**  
\_\_\_\_\_  
Initials / Date

# 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 enter Tollway contract number

(b) Prime Contractor Name enter name of awarded contractor

(c) Contract Award Value enter current approved contract value

(d) Amount Earned to Date enter current amount earned to date as of date of submission of form

(e) Percent Complete 25%  **Chose One**

(f) Reporting Period: beginning date of report To ending date of reporting period

(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) <u>List name of DBE Trucking Firm (use separate sheet for each firm)</u>		<u>amount paid to listed firm to-date</u>	<u>#VALUE!</u>

note: value will automatically calculate

(h) **Authorized Signature** \_\_\_\_\_  
Signature of Prime Contractor Authorized Agent  
**Print Name of Above Authorized Signer** \_\_\_\_\_

(i) \_\_\_\_\_  
Printed Name

Date that report is submitted \_\_\_\_\_  
Date

Title of Authorized Signer \_\_\_\_\_  
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) <b>this field will automatically populate</b>	ERROR
(n) Total fee or commission received in association with lease of Non-DBE trucks (mark-up)	d. <b>Total must include any mark-up</b>
(o) <b>Total DBE Trucking Participation Based on DBE Special Provision VI. C. 4.</b>	\$ _____ -
This field will automatically populate	Sum of a, b & d above
(p) _____ Signature of DBE Sub-Contractor Authorized Agent	_____ Date
(q) _____ Printed Name	_____ Title

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

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