



KENTUCKY TRANSPORTATION CABINET  
Office for Civil Rights and Small Business Development  
**DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM**

TC 18-7  
Rev. 01/2017  
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**AFFIDAVIT OF SUBCONTRACTOR PAYMENT**

The Code of Federal Regulations 49 CFR 26.37(b) requires the Kentucky Transportation Cabinet (KYTC) to monitor and verify that work subcontracted to Disadvantaged Business Enterprise (DBE) firms is actually performed by the DBE. Additionally, KYTC is required to report the DBE participation on each project. Therefore, it is KYTC's responsibility to discern whether payments are made to DBE firms. The following affidavit is to be completed and signed by the contractor within 7 business days of being paid by the Cabinet. The affidavit seeks to verify actual payments made to DBE firms on the project. Each DBE firm must verify the actual payment amount.

By signing below, the noted firms agree that the payment amounts recorded below are true and accurate as of the payment time period noted above. Furthermore, by signing, the noted firms attest to the fact that the DBE listed below has performed a "commercially useful function" and abided by all other requirements of the DBE program as defined in Title 49 of the United States Code of Federal Regulations Part 26.

**SECTION 1: CONTRACTOR AND PAYMENT INFORMATION**

<input type="checkbox"/> INTERIM		<input type="checkbox"/> FINAL	Completion Date _____
<b>PRIME CONTRACTOR</b>		<b>CONTRACT ID</b>	
<b>DBE CONTRACTOR</b>		<b>PAY ESTIMATE #</b>	<b>CHECK #</b>
<b>PAYMENT DATE</b>		<b>PAYMENT AMOUNT</b>	

**NOTE:** Use the section below to show multiple payments using the same check.

CONTRACT ID	AMOUNT	CONTRACT ID	AMOUNT

**SECTION 2: SIGNATURE AUTHORIZATION AND NOTARIZATION**

**Prime's Signature and Title**

**NOTE:** This affidavit must be notarized.

Sworn or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Signature \_\_\_\_\_

**Subcontractor's/DBE's Signature and Title**

**NOTE:** This affidavit must be notarized.

Sworn or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Signature \_\_\_\_\_

Please mail the original, signed and completed form and all copies of the checks for payments listed above to the Kentucky Transportation Cabinet, Office for Civil Rights, 200 Mero Street, 6<sup>th</sup> Floor West, Frankfort KY 40622.