

RETURN TO:
NDOT – HCRO
PO Box 94759
Lincoln, NE 68509-4759
Fax: 402-479-3728
Email: ndot.hcro-dbe@nebraska.gov

Date: _____

Nebraska Department of Transportation
Prime Contractor Identification of DBE Goal Achievement (NDOT 441)

Project Number: _____ **Control Number:** _____

Prime Contractor: _____ **Location:** _____

Note: *This form is to be completed as accurately as possible by the prime contractor, with the understanding that the final quantities may be not available at the time of completion.*

Complete the form and either email to ndot.hcro-dbe@nebraska.gov or fax to 402-479-3728.

DBE Firm (Construction)	NDOT Work Types	\$ Amount Paid - Construction
		\$
		\$
		\$

DBE Firm (Hauling, Supply)	\$ Amount Paid – Material Supply	\$ Amount Paid - Hauling
	\$	\$
	\$	\$
	\$	\$

DBE Firm	Retainage \$ Withheld	Retainage \$ Returned
	\$	\$
	\$	\$
	\$	\$

Total of Payments to DBE Subcontractor: \$ _____

Completed by: _____
signature/typed name