

**Contract Utilization of Disadvantaged Business Enterprises (DBE)  
 Environmental Improvement Fund**

Form 8700-257 (R 2/11)

**Notice:** This form is authorized by ss. NR 162.14(4)(b)4 Wis. Adm. Code. Receipt of this completed form by the Department is mandatory prior to receiving a final disbursement. Any changes or additions made to the original list of prime contractors and DBE subcontractors during construction must be reflected on this form at closeout. Personal information collected on this form will be used for program administration and may be provided to requesters to the extent required by Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.].

**MANDATORY PROJECT CLOSEOUT DOCUMENT**

Municipality Name	Project Number	Loan/Grant Amount
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Project Description

Construction / Equipment / Supplies Contracts	Indicate DBE Type	Type of Product or Service*	Actual Amount Paid to DBE Firm
			Municipality Complete at Project Closeout
<b>Prime:</b>	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other <input type="checkbox"/> N/A		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
<b>Prime:</b>	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other <input type="checkbox"/> N/A		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
<b>Prime:</b>	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other <input type="checkbox"/> N/A		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
			Total MBE \$ _____
			Total WBE \$ _____
			Total Other \$ _____

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Professional/Technical Services Contracts	Indicate DBE Type	Type of Product or Service*	Actual Amount Paid to DBE Firm
			Municipality Complete at Project Closeout
<b>Prime:</b>	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other <input type="checkbox"/> N/A		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
<b>Prime:</b>	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other <input type="checkbox"/> N/A		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
<b>Prime:</b>	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other <input type="checkbox"/> N/A		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
Sub:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Other		
			Total MBE \$ _____
			Total WBE \$ _____
			Total Other \$ _____

\* Type of Product or Service examples: landscaping, trucking, supplies, equipment, paving, concrete, plumbing, electrical, excavating, testing, design, etc.

Name of Person Completing This Form	Email Address	Phone Number (including area code)
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**Certification**

I hereby certify, to the best of my knowledge and belief, the information provided on this form is accurate and complete.

Name/Title of Municipal Official	Signature	Date Signed
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