



**CERTIFICATE OF COMPLETION
BY MINORITY/WOMEN BUSINESS ENTERPRISE**

DCAMM Project Number _____ Project Location _____

Project Name _____

Name of MBE/WBE Firm _____ Address _____

Name of General Contractor _____ Address _____

DESCRIPTION OF WORK SELF-PERFORMED BY MBE/WBE SUBCONTRACTOR/SUBCONSULTANT
AS SHOWN IN LETTER OF INTENT

Original Subcontract Amount	\$ _____
Adjusted Subcontract Amount (Change Orders, etc.)	\$ _____
Total Payments Received to Date From Prime Contractor	\$ _____
Total Amount/Balance Due From Prime Contractor	\$ _____

If the work performed is different from that listed on the Letter of Intent, please explain:

(If more space is needed, continue on back of sheet)

The individuals signing below hereby certify under the pains and penalties of perjury that all work listed on the Contract Letter of Intent (or approved changes thereto as explained above) was self-performed by the undersigned MBE/WBE subcontractor in accord with Article XIII of the General Conditions of the Contract on _____, 20____ and the above amounts listed for these services are true and accurate.

FOR GENERAL CONTRACTOR/LEAD DESIGNER

FOR MBE/WBE SUBCONTRACTOR/SUBCONSULTANT

Authorized Signature _____

Authorized Signature _____

Print Name _____

Print Name _____

Title _____

Title _____

Date _____ Telephone No. _____

Date _____ Telephone No. _____

NOTE: To be submitted to the DCAMM Compliance Office within ten (10) days after completion of work by MBE/WBE.
Division of Capital Asset Management and Maintenance
Contract Compliance Office
One Ashburton Place, 15th Floor
Boston, MA 02108