



**FRANKLIN COUNTY ENGINEER'S OFFICE FINAL AFFIDAVIT OF EBE SUBCONTRACTOR PAYMENT**

The affidavit seeks to verify actual payments made to EBE firms on the project. Each EBE firm must verify the actual payment amount. **Submission of the Affidavit is the responsibility of the Prime Contractor.**

**Project Name** \_\_\_\_\_  
**Prime Company Name** \_\_\_\_\_  
**EBE Sub-Subcontractor** \_\_\_\_\_

Check the box(s) that apply:

- Pay Estimate #1 Amount \_\_\_\_\_
- Pay Estimate #2 Amount \_\_\_\_\_
- Pay Estimate #3 Amount \_\_\_\_\_
- Pay Estimate #4 Amount \_\_\_\_\_
- Pay Estimate #5 Amount \_\_\_\_\_

Final affidavits for each EBE firm must be submitted within 30 calendar days of payment from FCEO.

Total/Final Payment \_\_\_\_\_ **All amounts indicated must be cumulative.**

By signing below, the noted firms agree that the payment amounts recorded above are true and accurate as noted above. Furthermore, by signing, the noted firms attest to the fact that the EBE firm listed above has abided by all requirements of the EBE Program.

\_\_\_\_\_  
**Prime's Signature/Title**

**NOTE: This affidavit must be notarized.**  
 Sworn or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
 Notary Signature \_\_\_\_\_

\_\_\_\_\_  
**(If applicable) EBE Sub-subcontractor Signature/Title**

**NOTE: This affidavit must be notarized**  
 Sworn or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
 Notary Signature \_\_\_\_\_

Please mail original, completed and signed form to: FCEO Construction Department, 970 Dublin Road, Columbus, OH 43215.