

Prime Contract Information

Contract Registration Number	Contract Value	M/WBE Total Participation Goal (%)
Payment Number (Indicate Partial/Substantial/Final)	Payment Period From	Payment Period To

Prime Contractor Information

Firm Name	Contact Person	EIN/SSI	Email
Phone	Address	City	State/Zip

Directions: All contracts for which a utilization plan has been submitted pursuant to M/WBE contract requirements, prime contractors must submit this form with each voucher for payment and/or periodically as the agency may require. It details the total amount paid to subcontractors (including subcontractors that are not M/WBE's); the names, addresses and contact numbers of each M/WBE hired as a subcontractor pursuant to such plan as well as the dates and amounts paid to each M/WBE.

Subcontractor Name & EIN, Address, Phone/Fax	Indicate if M/WBE, LBE or Not Applicable (N/A)	Ethnicity (Black, Hisp., Asian)	Description or Trade/Specialty	Previous Payments	Payment Due to Sub for this Period	Total	Status of Work	For Final/Substantial Payment (indicate all payment dates to Subcontractor)
							<input type="checkbox"/> Ongoing <input type="checkbox"/> Complete	
							<input type="checkbox"/> Ongoing <input type="checkbox"/> Complete	
							<input type="checkbox"/> Ongoing <input type="checkbox"/> Complete	
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							<input type="checkbox"/> Ongoing <input type="checkbox"/> Complete	
							<input type="checkbox"/> Ongoing <input type="checkbox"/> Complete	

Totals:

This form must be certified under penalty of perjury: Attach additional pages (copies of this page), as needed. (Note: If no sub-contractors are employed, state "None" above.) I hereby affirm that the information supplied in the Subcontractor Compliance Report is a true, accurate, and complete account of the status of work subcontracted and payments made to subcontractors for work on the above-referenced contact.

Prepared by

Print Name

Title

Signature

Date (MM/DD/YY)