



CUMULATIVE MONTHLY PAYMENT STATEMENT

INSTRUCTIONS: As a condition of the contract awarded this form is to be properly

completed by the primary contractor on a monthly basis indicating ALL sub contractors that will be utilized on the project. **SUBMISSION OF THIS FORM SHOULD BE SENT BY THE 10TH DAY OF EACH MONTH FOR THE PRECEDING MONTH'S ACTIVITY AS EVIDENCE TOWARDS ACHIEVEMENT OF THE MWBE GOALS ASSIGNED TO THE CONTRACT.**

| | | | | | | | | | | | | | |
|---|------------------------|---|-----------------------------------|---|--|---------------------------------------|--|--|--|-------------------------------|--|-------------------------------|--|
| Region: | | MWBE Goals Assigned to the Contract: MBE _____ % WBE _____ % | | Total Contract Value: (including any field order allowance) \$ | | | | | | | | | |
| Contractor's Name: | | Contract Number: | | Start Date: | | | | | | | | | |
| Are you a NYS MWBE Certified by the NYS Empire State Development Corp? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Contract Description: | | Completion Date: | | | | | | | | | |
| Address: | | Contract Location: | | | | | | | | | | | |
| Telephone Number: | E-mail Address: | Contract Location: | | | | | | | | | | | |
| Federal ID No.: | SFS Vendor ID: | Reporting Period: | _____/____/____ Month/Day Year | Statement # _____ | | | | | | | | | |
| Certified M/WBE Sub Contractors/ Suppliers Name, Address, Telephone No., E-mail Address, | | Designation (Please check all that apply) | | Identification Numbers | | Total Dollar Value of Contract | | Payments This Month Only | | Total Payments to Date | | % of Contract Paid Out | |
| | | <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> NON-MWBE <input type="checkbox"/> Supplier <input type="checkbox"/> Sub | | Federal ID: SFS Vendor ID: | | | | <input type="checkbox"/> No Payment This Month | | | | | |
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DECLARATION: Under penalty of perjury, I attest as follows: I certify that I am a representative of the above-stated Contractor and that I am authorized to make this DECLARATION on behalf of the Contractor. All information stated on this Payment Statement is true and correct. Payments stated on this form were made by the Contractor for work actually performed by the subcontractor(s) and/or supplier(s) listed, including MWBEs. The Contractor has complied with all contract provisions and laws, including those related to use of MWBEs, equal opportunity and affirmative action.

Signature of Contractor

Date

Print Name and Title

| FOR NYS OPRHP USE ONLY: | DOLLAR VALUE | % of TOTAL AWARD |
|---|---------------------|-------------------------|
| Total value of contract for services and/or supplies assigned to MBEs: | | |
| Total value of contract for services and/or supplies assigned to WBEs: | | |
| Total overall dollar value and percentage of contract assigned to MWBEs | | |



CUMULATIVE MONTHLY PAYMENT STATEMENT EXTRA PAGES INSTRUCTIONS: As a condition of the contract award

this form is to be properly completed by the primary contractor on a monthly basis indicating ALL sub contractors that will be utilized on the project. **SUBMISSION OF THIS FORM SHOULD BE SENT BY THE 10TH DAY OF EACH MONTH FOR THE PRECEDING MONTH'S ACTIVITY AS EVIDENCE TOWARDS ACHIEVEMENT OF THE MWBE GOALS' ASSIGNED TO THE CONTRACT.**

Region: _____ Contract Number: _____

| Certified M/WBE Sub Contractors/ Suppliers Name, Address, Telephone No., E-mail Address, | Designation (Please check all that apply) | Identification Numbers | Total Contact Dollar Value | Payments This Month Only | Total Payments to Date | % of Contract Paid Out |
|---|---|---|-------------------------------|--|------------------------------|------------------------------|
| | <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> NON-MWBE <input type="checkbox"/> Supplier <input type="checkbox"/> Sub | Federal ID: SFS Vendor ID: | | <input type="checkbox"/> No Payment This Month | | |
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| PRIME CONTRACTOR/CONSULTANT/VENDOR | |
|--|---|
| REGION | Please state the region in which the project is located. |
| MWBE GOALS | Please state the MWBE goals that are assigned to the contract. |
| CONTRACT AMOUNT | Please state the total dollar value that is awarded to the contract. |
| CONTRACTOR'S NAME | Please state the full name of the consultant/company. |
| ADDRESS | Please state the full address of the consultant/company. |
| TELEPHONE NUMBER AND E-MAIL ADDRESS | Please state the telephone number and e-mail address where the consultant/company can be reached. |
| FEDERAL IDENTIFICATION NUMBER AND SFS VENDOR IDENTIFICATION | Provide the federal identification number and SFS vendor identification of the firm. |
| CONTRACT NUMBER | Please state the assigned project number (starting with D00). |
| CONTRACT DESCRIPTION | Please provide a detailed description of the contract. |
| CONTRACT LOCATION | Please state the location of the work under the contract. |
| AWARD DATE | Please state the exact date that the contract was awarded. |
| COMPLETION DATE | If applicable, please state the exact date that the contract was completed. |
| REPORTING PERIOD | Please state the exact date of the payments noted on the payment statement was completed. |
| STATEMENT NUMBER | Please identify the statement number for each monthly payment statement that is being submitted. |
| SUB CONTRACTOR/SUB CONSULTANT/SUPPLIER | |
| NAME AND ADDRESS | Provide the name, address, telephone and e-mail that are associated with each sub-contractor. |
| DESIGNATION | Check all the appropriate areas (Minority Business Enterprise-MBE, Women Business Enterprise-WBE, Disadvantage Business Enterprise-DBE, None of the above-OTHER). |
| FEDERAL IDENTIFICATION NUMBER AND SFS VENDOR IDENTIFICATION | Provide the federal identification number and SFS vendor identification of sub-contractors. |
| TOTAL CONTRACT DOLLAR VALUE | Please state the total contract dollar value for all existing service/supply agreements with each sub-contractor. |
| PAYMENTS THIS MONTH ONLY | Please state the exact amount paid to the MWBE sub-contractors within the reporting period. |
| TOTAL PAYMENTS TO DATE | Please state the total dollar value of payments that have been made to the MWBE sub-contractors to date. |
| PERCENTAGE OF CONTRACT PAID OUT | Please calculate the total percentage of the overall contract value that has been paid out to date, for each sub-contractor. |
| SUMMARY OF INFORMATION | |
| SIGNATURE OF CONTRACTOR | Signature of the authorized official who is responsible for the contract. |
| NAME AND TITLE OF CONTRACTOR | The printed name and title of the authorized official who is responsible for the contract. |
| DATE SIGNED | Please state the date that the cumulative monthly payment statement was signed by the authorized official who is responsible for the contract. |