

PROGRAM: FORM 3

PROFESSIONAL SERVICE - MONTHLY SUBCONTRACTOR PAYMENT AND UTILIZATION REPORT

Date Submitted: _____ Report for FY: _____ Month: _____
 Project Name: _____ Contract Number: _____
 Prime Consultant: _____ Total Contract Amt.: _____
 Progress Report No.: _____ Final Progress Report? Yes No

NAME OF SUBCONTRACTOR* (INCLUDE <u>ALL</u> LISTED ON BID PLAN)	COBID Certified	TYPE OF CERTIFICATION** (Check all that apply)					ORIGINAL AWARD AMOUNT	AMENDED AWARD AMOUNT (IF APPLICABLE)	TOTAL AMOUNT PAID THIS PAY PERIOD <u>ONLY</u>
		MBE	WBE	SDV	ESB	DBE & ACDBE			
	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	<input type="checkbox"/> Yes <input type="checkbox"/> No								
	<input type="checkbox"/> Yes <input type="checkbox"/> No								

* Before replacing, substituting, or adding any subcontractor, Contractor must receive written authorization from the Purchasing Agent.
 ** ESB: Emerging Small Business; MBE: Minority-owned Business; WBE: Women-Owned Business; SDV: Service-Disabled Veteran-Owned; DBE & ACDBE: Disadvantaged Business Enterprise

BY SIGNING BELOW, I HEREBY CERTIFY THAT THE BUSINESS HAS UTILIZED THE ABOVE LISTED FIRMS IN THE AMOUNTS REPRESENTED ABOVE AND THAT THE INFORMATION CONTAINED HEREIN IS COMPLETE AND ACCURATE.

Authorized Signature of Contractor: _____ Date: _____
 Printed Name of Signatory: _____