

AN MANAGED FACILITY

CONTRACTOR COMPLIANCE REPORTING FORM for subcontracted project labor and materials/supplies					
CONTRACT/PROJECT NAME		Prime Contractor		Time Period Reporting	
				to	
Please list below ALL subcontractors whose services were utilized on the project during the time period specified above and indicate their classification, the services provided and the amount paid for those services.					
Company Name		Business Classification (see Page 2 for definitions)		Description of Work/Service/Goods Provided	
Address		Certified Classification (select ALL applicable)	Non-Certified	Amount Originally Contracted	\$
Contact Person		+	Male/Female Owned:	Amount Paid This Period	\$
Telephone #	Fax #	-	Ethnicity of Ownership:	Amount of Previous Payments	\$
E-mail			LGBTQ Owned:	Total Paid to Date	\$
				Remaining Balance Due	\$
Company Name		Business Classification (see Page 2 for definitions)		Description of Work/Service/Goods Provided	
Address		Certified Classification (select ALL applicable)	Non-Certified	Amount Originally Contracted	\$
			Male/Female Owned:	Amount Paid This Period	\$
Contact Person			Ethnicity of Ownership:	Amount of Previous Payments	\$
Telephone #	Fax #		LGBTQ Owned:	Total Paid to Date	\$
E-mail			LOBI & Owned.	Remaining Balance Due	\$
Company Name		Business Classification (see Page 2 for definitions)		Description of Work/Service/Goods Provided	
Address		Certified Classification (select ALL applicable)	Non-Certified	Amount Originally Contracted	\$
Contact Person		-	Male/Female Owned:	Amount Paid This Period	\$
			Ethnicity of Ownership:	Amount of Previous Payments	\$
Telephone #	FdX #		LGBTQ Owned:	Total Paid to Date	\$
E-mail			Remaining Balance Due	\$	
Company Name		Business Classification (see Page 2 for definitions)		Description of Work/Service/Goods Provided	
		Certified Classification	Non-Certified		
Address		(select ALL applicable)	Male/Female Owned:	Amount Originally Contracted	\$
Contact Person				Amount Paid This Period	\$
Telephone #	Fax #		Ethnicity of Ownership:	Amount of Previous Payments	\$
E-mail			LGBTQ Owned:	Total Paid to Date	\$
				Remaining Balance Due	\$

Use additional pages if necessary.

** All MBE, WBE and/or DBE owned business enterprises must be certified by MBEC, a state certifying agency or such other recognized certifying agency.



AN AM MANAGED FACILITY

Instructions for Completing Contractor Compliance Reporting Form

CONTRACTOR INFORMATION SECTION:

- Contract/Project Name: Name of the project.
- Prime Contractor: Name of the primary contractor.
- Time Period Reporting: The time period covered by the invoice.

SUBCONTRACTOR INFORMATION:

- Company Information: Please list <u>ALL</u> Subcontractors, Vendors and Suppliers that were included on the original RFP/Bid and/or did work on the project during the specified time period.
- Business Classification
 - Certified Classification If the company is a certified enterprise, please select the appropriate classification(s). Hold "Ctrl" and click to select more than one.
 - Minority Business Enterprise (MBE) Means a small for-profit business concern that is at least fifty-one percent (51%) beneficially owned by and controlled by one or more individuals who are minority.
 - Women Business Enterprise (WBE) Means a small for-profit business concern that is at

least fifty-one percent (51 %) beneficially owned by and controlled by one or more women.

- Disadvantaged Business Enterprise (DBE) Means a for-profit small business concerns where socially and economically disadvantaged individuals own at least a fifty-one (51%) interest and also control management and daily business operations.
- Small Disadvantaged Business (SDB) Means a small business that is at least fiftyone percent (51%) owned by one or more individuals who are both socially and economically disadvantaged.
- LGBT Business Enterprise (LGBTBE) Means a small business that is at least fifty-one percent (51%) owned, managed, operated, and controlled by LGBT individuals.
- Non-Certified All businesses that are not certified as a Minority, Women or other Disadvantaged Business. This includes all minority-owned businesses who are not certified as well as businesses that are owned by individuals who do not identify as diverse. Ownership means having at least 51% of control of the business. Please select from the corresponding drop-down menus whether the company is male or female owned, the ethnicity of the ownership and whether they are LGBTQ owned.

PAYMENT INFORMATION:

- Description of Work/Service/Goods Provided: List the type of work, service or goods provided
- Amount Originally Contracted: List the specific amount that was originally contracted. *This section will remain the same for each form that is submitted listing this company.*
- Amount Paid this Period: List the amount that was submitted for payment this period on the submitted invoice.
- Amount of Previous Payments: All previous payments made to the company.
- Total Paid to Date: This section will tabulate automatically.
- Remaining Balance Due: This section will tabulate automatically.