New York State Office of Parks, Recreation and Historic Preservation
Bureau of Affirmative Action & Equal Opportunity
Albany, New York 12238
(518) 486-2921

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? □ Yes □ No **Address:**		**Contract Description:**		**Completion Date:**	
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**
	□ MBE □ WBE □ DBE □ NON-MWBE □ Supplier □ Sub	Federal ID: SFS Vendor ID:		□ No Payment This Month		
	□ MBE □ WBE □ DBE □ NON-MWBE □ Supplier □ Sub	Federal ID: SFS Vendor ID:		□ No Payment This Month		
	□ MBE □ WBE □ DBE □ NON-MWBE □ Supplier □ Sub	Federal ID: SFS Vendor ID:		□ No Payment This Month		
	□ MBE □ WBE □ DBE □ NON-MWBE □ Supplier □ Sub	Federal ID: SFS Vendor ID:		□ No Payment This Month		

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		

(Revised August 2013)

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

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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
	□ MBE □ WBE □ DBE □ NON-MWBE □ Supplier □ Sub	Federal ID: SFS Vendor ID:		□ No Payment This Month		
	□ MBE □ WBE □ DBE □ NON-MWBE □ Supplier □ Sub	Federal ID: SFS Vendor ID:		□ No Payment This Month		
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