ITEM 6

STATE UNIVERSITY OF NEW YORK
STATE UNIVERSITY CONSTRUCTION FUND
SUMMARY OF WAGE RATE CERTIFICATION(S)

INSTRUCTIONS*: List each subcontractor and/or sub-subcontractor used on this Contract and their last day of work. When submitting your Final and End-of-Guarantee payment applications, attach this form (in triplicate)* **along with the latest Wage Rate Certifications, in triplicate**, *for your own firm and each subcontractor and/or sub-subcontractor.*

***NOTE: Last day or work must be within the time frame of the latest Wage Rate Certification.**

CONTRACTOR		CAMPUS
SUCF NO.	CONTRACT NO.	PROJECT TITLE

SUBCONTRACTOR OR SUB-SUBCONTRACTOR	LAST DAY OF WORK	DATE OF LATEST WAGE RATE CERTIFICATION

The foregoing is a true and accurate listing of all subcontractors and sub-subcontractors employed on this Contract to date of completion.

_____ By_____
Legal name of person, partnership or corporation *Signature*

_____
Name, Title

_____
Address (Street, City) (State, Zip Code)

CF-C7A