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 of work must be within the effective dates of the latest Prevailing Rate Schedule.

<table>
<thead>
<tr>
<th>CONTRACTOR</th>
<th>CAMPUS</th>
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<tbody>
<tr>
<td>SUCF NO.</td>
<td>CONTRACT NO.</td>
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<thead>
<tr>
<th>SUBCONTRACTOR OR SUB-SUBCONTRACTOR</th>
<th>LAST DAY OF WORK</th>
<th>EFFECTIVE DATES OF LATEST PREVAILING RATE SCHEDULE*</th>
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*See top left of DOL Prevailing Rate Schedule for effective date range.

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

______________________________________________
Legal name of person, partnership or corporation

______________________________________________
Name, Title

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

______________________________________________
By

Signature

CF-C7A Revised March 2021
**CF-C7A**

State University Construction Fund

STATE UNIVERSITY OF NEW YORK  
STATE UNIVERSITY CONSTRUCTION FUND  
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<th>EFFECTIVE DATES OF LATEST PREVAILING RATE SCHEDULE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>XYZ Contractor</td>
<td>9/8/2020</td>
<td>7/1/2020 – 6/30/2021</td>
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</table>

Add one row for each subcontractor and/or sub-subcontractor. This date must fall within the effective dates (to the right). Enter date range as found on top left of DOL Prevailing Rate Schedule.

**CF-C4A2**

State University Construction Fund

OFFICE OF THE STATE COMPTROLLER  
DIVISION OF PRE-AUDIT AND ACCOUNTING RECORDS  
BUREAU OF STATE EXPENDITURES

New York State Labor Law, Section 220-a  
Subcontractor’s Certification

1. That I am an officer of XYZ Contracting, a subcontractor on Public Contract authorized to make this affidavit, and I am duly

2. That I make this affidavit in order to comply with the provisions of Section 220-a of the Labor Law.

3. That on 7/15/2020, we received from ABC LLC (the prime contractor) a copy of the initial/revised schedule of wages and supplements Prevailing Rate Schedule Case Number 0123456789 (PRC) specified in the public improvement contract.

4. That I have reviewed such schedule(s), and agree to pay the applicable prevailing wages and to pay or provide the supplements specified therein.

This date must fall within the effective dates on CF-C7A.