

CF-C8 FORM INSTRUCTIONS

Requested information must be completed and submitted with each requisition for payment. All MWBEs in the approved utilization plan should be included on the form for the duration of project, even if no payments were made to the MWBE during the reporting period.

Contact

Person responsible for content and ensuring this form is consistent with the approved MWBE utilization plan.

MBE/WBE Name & Address

Name & Address of each MBE or WBE subcontractor or supplier.

Federal ID

Provide accurate Federal ID number of each MBE and WBE subcontractor or supplier.

MBE or WBE

Minority (MBE) Owned Business or Women (WBE) Owned Business Designation.

Description of Work or Supplies

Brief description of work performed or supplies provided by the MBE or WBE subcontractor or supplier.

Subcontract Value

This is the total value of the signed subcontract. If this value is different from the amount in the approved MWBE utilization plan, an explanation should be provided.

Schedule

This is the anticipated contract start and completion dates for each MBE and WBE subcontractor or supplier.

Amount Paid Since Last Requisition

This is the amount that has been paid to the MBE or WBE firm since the Prime Contractor's last application for payment was submitted to the Fund. *Note: Retainage, if applicable, should be reported when paid to the subcontractor, not when earned by the subcontractor.*

Total Cumulative Payments

This is the amount that has been paid to the MBE or WBE to date.

Signature

To be signed by an Officer of the Company

The information included on the form is subject to verification by the Fund. The Opportunities Program Office must be notified prior to changes made to the approved MWBE Utilization Plan.

Should you have any questions, please contact the Opportunities Program Office at (518) 320-1650 or via e-mail: marshea.perez@suny.edu.



State University Construction Fund
 Construction Contract Payment Request
Detail of Prime Contractor Payments to MBE/WBE Subcontractors or Suppliers

SUCF Project No. _____ Contract Number: _____ Requisition Number _____

Contractor Name: _____ Contact: _____

MBE/WBE Name & Address	MBE or WBE	Description of Work or Supplies	Subcontract Value	Schedule		Cumulative Payments as of Previous Requisition	Amount Paid Since Last Requisition	Total Cumulative Payments
				Start Date (mm/yyyy)	End Date (mm/yyyy)			
Fed. ID No.:								
Fed. ID No.:								
Fed. ID No.:								
Fed. ID No.:								
Fed. ID No.:								
Fed. ID No.:								
I understand that the information provided will be used to comply with the reporting requirements of Article 15-A of the Executive Law & Fund policies. The Opportunities Program Office must be notified prior to changes made to the approved utilization plan. I hereby certify that the information provided on this form is true, accurate and complete.							TOTAL	

 Signature (Officer of Company)

 Date

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