



Contractors Name and Address:	Federal ID #	Goals		Reporting Period	
		MBE __%	WBE __%	Quarter	Year
	SHARS/Project #	Work Location			
<i>Name of Firm and Address (List All Firms)</i>	<i>Type of Service Provided (Select only one)</i>	<b>NYS Certified</b> MBE      WBE	<b>Payment</b> <b>This period</b>	<b>Contract</b> <b>Amount</b>	
<b>Federal ID#</b>	<input type="checkbox"/> • Construction <input type="checkbox"/> • Supplier <input type="checkbox"/> • Consultant Service <input type="checkbox"/> • Service/Commodity <input type="checkbox"/> • Section 3	<input type="checkbox"/>	<input type="checkbox"/>	No Payment <input type="checkbox"/>	
<b>Federal ID#</b>	<input type="checkbox"/> • Construction <input type="checkbox"/> • Supplier <input type="checkbox"/> • Consultant Service <input type="checkbox"/> • Service/Commodity <input type="checkbox"/> • Section 3	<input type="checkbox"/>	<input type="checkbox"/>	No Payment <input type="checkbox"/>	
<b>Federal ID#</b>	<input type="checkbox"/> • Construction <input type="checkbox"/> • Supplier <input type="checkbox"/> • Consultant Service <input type="checkbox"/> • Service/Commodity <input type="checkbox"/> • Section 3	<input type="checkbox"/>	<input type="checkbox"/>	No Payment <input type="checkbox"/>	
<b>Federal ID#</b>	<input type="checkbox"/> • Construction <input type="checkbox"/> • Supplier <input type="checkbox"/> • Consultant Service <input type="checkbox"/> • Service/Commodity <input type="checkbox"/> • Section 3	<input type="checkbox"/>	<input type="checkbox"/>	No Payment <input type="checkbox"/>	

\_\_\_\_\_  
Signature of Company Official

\_\_\_\_\_  
Print Name of Company Official

\_\_\_\_\_  
Date

**INSTRUCTIONS FOR FILING CUMULATIVE PAYMENT STATEMENT**

This document pertains to **HCR funding only:** The form is to be completed and signed by the Company Official and submitted by **the 5<sup>th</sup> of each quarter.** The form must include **ALL** (e.g. **MBE, WBE and non-M/WBE**) subcontractors or suppliers assigned to this contract. The Affirmation of Income Payments to MBE/WBE (ADM-146) **must accompany** this form for each MBE/WBE firm who has received payment.

<b>Quarter</b>	<b>Reporting Period</b>	<b>Due Date</b>
1 <sup>st</sup>	April 1 <sup>st</sup> – June 30 <sup>th</sup>	July 7 <sup>th</sup>
2 <sup>nd</sup>	July 1 <sup>st</sup> – September 30 <sup>th</sup>	October 7 <sup>th</sup>
3 <sup>rd</sup>	October 1 <sup>st</sup> – December 31 <sup>st</sup>	January 7 <sup>th</sup>
4 <sup>th</sup>	January 1 <sup>st</sup> – March 31 <sup>st</sup>	April 7 <sup>th</sup>

- Contractor’s Name & Address:** Indicate name, address, city, state and zip code.
- Contractor’s Federal ID #:** If Federal ID # not assigned, provide Social Security # of the owner.
- Requirements:** Indicate HCR’s assigned MBE and WBE participation requirements.
- Reporting Period:** Indicate reported month and year.
- SHARS/Project #:** Indicate HCR’s SHARS #/Project #.
- Subcontractor or Supplier Name & Address Federal ID #:** Indicate the name, address, city, state and zip code. If Federal ID # not assigned, provide Social Security # of the owner.
- Description of Work:** Check the box that best describes the work performed. (CHECK ONE BOX ONLY)
- NYS Certified** Indicate if MBE or WBE. (CHECK ONE BOX ONLY) Only firms certified by NYS ESD will be counted towards requirements.
- Payments This Period:** Indicate amount paid to each subcontractors or suppliers this reporting period.

**NOTE: IF THERE WAS NO PAYMENT THIS QUARTER, PLEASE CHECK THE BOX.**

**Contract Amount:** Indicate total contract amounts or purchase agreement(s) for each subcontractor or supplier.