

MONTHLY SUBCONTRACTORS LIST AND CERTIFICATIONS

Contracting Firm and Address			Project Name					
Billing Period:			Purchase Order No.		Invoice Date:	Invoice Number		
through								
Business Equity Subcontractors and Suppliers								
1. Firm Name	2. Intent No.	3. Federal Tax Payer ID Number	4. Select all that apply		5. OMWBE Certification number (if applicable)	Amount Paid Through the End of Previous Billing Period	Amount Paid During This Billing Period	Total Paid to Date
			sbe/dbe	Woman-owned (W) or Minority owned (M)				
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> db	<input type="checkbox"/> W <input type="checkbox"/> M				-
All Other Subcontractors (& Suppliers)								
Firm Name	Intent No.	Firm Name	Intent No.	Firm Name	Intent No.			

INVOICE ATTACHMENT--INSTRUCTIONS

1. Report payments made by your firm during this billing period to subcontractors/suppliers who are small business entities, disadvantaged business enterprises, and/or minority or woman-owned. Only report payments already made during this pay period, not payments you expect to make in the future from the payment of this invoice. Do not "self report" payments made by UW/CPO to your firm even if your firm is sbe, db, or MWBE.
2. Indicate whether the firm is a small business entity (sbe), a disadvantaged business enterprise (db), or is minority owned or woman-owned (MWBE): (50% + owned and controlled by a person who are woman or members of a minority group).
3. Where there is no payment to report, enter "\$0.00."
4. Contact your UW/CPO Construction Manager with any questions.

Definitions:

Small Business Entity: An in-state business, including a sole proprietorship, corporation, partnership, or other legal entity, that:

(a) Certifies, under penalty of perjury, that it is owned and operated independently from all other businesses and has either:

- (1) Fifty or fewer employees;
- (2) or gross revenue of less than seven million dollars annually, averaged over the previous three consecutive years;
- (3) or is certified by the Office of Minority and Women Business Enterprises (OMWBE)

Disadvantaged Business Enterprise: Any business entity certified by the OMWBE.

Certifications:

- 1) I have listed all of the subcontractors of any tier who performed work on the project site and suppliers who provided materials in excess of \$2,500 during the current billing period noted above (regardless of whether my application for payment includes a payment request for their work).
- 2) Prevailing wages for this period have been paid in accordance with the prefilled statement or statements of intent to pay prevailing wages, approved by the Industrial Statistician of the Department of Labor and Industries, which are on file with the Owner.
- 3) I have paid all of my subcontractors and materials suppliers for the invoice covering the previous billing period (this amount less retainage) (not applicable if this is the first billing period).

I certify under penalty of perjury the laws of the State of Washington that all of the above information and certification statements are true and correct, except for the information in column 4 in the Business Equity Section, above.

Authorized Signature of Contractor:	Printed Name:	Date Signed:
	Printed Title:	
Fill out this form and submit it with your invoice and as part of your Application for Payment		UW ACM Review Initials: