## **AFFIDAVIT - AFFIRMATIVE ACTION STATUS REPORT**

<i>Notice:</i> This report is required to be submitted at 25%	%, 50%, 75% and 100% completion of construction.
Contract Title:	
Contract Number:	
Prime Contractor's Name:	
Prime's Contact Name:	Estimated Completion Date:
Prime's Contact Phone#: ( )	Status Report No.: <u>25% - 50% - 75% - 100%</u> (CIRCLE ONE)
In connection with the above-captioned contract:	(CIRCLE OILE)

For each MBE or WBE subcontractor, including third tier contracts awarded by your MBE or WBE company, describe the work or goods or services provided in relation to this contract (indicate line items, if applicable) performed during the reporting period.

MBE or WBE Subcontractor	MBE/WBE	AMOUNT OF CONTRACT	AMOUNT PAID TO DATE
DESCRIPTION OF WORK/SERVICES AND/OR GOODS PROVIDED. BE SPECIFIC.			

MBE or WBE Subcontractor	MBE/WBE	AMOUNT OF CONTRACT	AMOUNT PAID TO DATE
DESCRIPTION OF WORK/SERVICES AND/OR GOODS PROVIDED. BE SPECIFIC.			

MBE or WBE Subcontractor	MBE/WBE	AMOUNT OF CONTRACT	AMOUNT PAID TO DATE
DESCRIPTION OF WORK/SERVICES AND/OR GOODS PROVIDED. BE SPECIFIC.			

MBE or WBE Subcontractor	MBE/WBE	AMOUNT OF CONTRACT	AMOUNT PAID TO DATE
DESCRIPTION OF WORK/SERVICES AND/OR GOODS PROVIDED. BE SPECIFIC.			

MBE or WBE Subcontractor	MBE/WBE	AMOUNT OF CONTRACT	AMOUNT PAID TO DATE
DESCRIPTION OF WORK/SERVICES AND/OR GOODS PROVIDED. BE SPECIFIC.			

## I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE CONTRACTOR. TO MAKE THIS AFFIDAVIT. I CERTIFY THAT THE ABOVE NAMED FIRM WAS AWARDED CONTRACT(S), PERFORMED THE WORK WITH THEIR OWN FORCES, AMOUNTS LISTED ARE ACCURATE AND PAYMENTS WERE MADE IN ACCORDANCE WITH CONTRACTUAL OBLIGATIONS. CANCELLED CHECKS AND/OR SUPPORTING INFORMATION WILL BE ON FILE FOR INSPECTION OR AUDIT.

Name of Affiant:	
Title:	
Signature:(Signature of	
Date:	-
State of	-
County (City) of	-
This instrument was SUBSCRIBED and SWORN TO be	fore me on(date)

	Signature	of Notary	Public
--	-----------	-----------	--------