



INSTRUCTIONS FOR COMPLETING M/WBE CERTIFICATES OF PAYMENT

Payments made to certified M/WBE subcontractors on all DCAMM projects must be submitted to the Compliance Office. If the project is complete or on hold, or your firm previously submitted a final certification of M/WBE payments for this project, please indicate that on the form. **This information is due to DCAMM Compliance Office within the quarter upon commencement of the contract and no later than 10 business days after a quarter expires even if payments have not been made to an MBE/WBE and marked as such. THE COMPLIANCE OFFICE WILL RETURN ANY CERTIFICATES OF PAYMENT THAT ARE INCOMPLETE.**

- Include only M/WBE sub-contractors listed on the projects approved Schedule of Participation. **Any change in MBE/WBE participation must be pre-approved by the Compliance Office. A revised M/WBE Schedule of Participation will be required.**
- Include a brief description of the work performed by each subcontractor. The description should match the M/WBE Letter of Intent and approved Schedule of Participation. M/WBEs must be certified by the Supplier Diversity Office (*formerly known as SOMWBA*) in the category of work performed. Attach a separate sheet if necessary.
- Include the subcontract amounts listed on the M/WBE Letters of Intent and approved Schedule of Participation. If the value of a M/WBE subcontract has decreased for any reason, you must contact the Compliance Officer immediately.
- Include the amount you paid the subcontractor, either directly or indirectly, for the month covered by this Certificate of Payment. **If the amount paid was zero, please indicate that.** Do not include payments from previous periods or estimated future payments. You may be required to submit copies of cancelled checks to verify the amounts reported.
- Include the total amount you paid the subcontractor to date for work performed. This amount should match all payments made during the period, as well as, all payments from previous periods. The Compliance Office will verify the total amount reported against any payments previously reported. To ensure accurate reporting, please review the prior Certificates of Payments you submitted for this project. If any mathematical or reporting errors occurred please correct them and submit revised Certificates of Payment.
- For your convenience you can either email (cop.dcam@state.ma.us), fax (617) 727-8284 or mail back to DCAMM's Compliance Office at 1 Ashburton Place, 16th Floor, Boston, MA 02108.

THANK YOU FOR SUPPORTING THE COMMONWEALTH'S SUPPLIER DIVERSITY PROGRAM.



CONTRACTOR/DESIGNER CERTIFICATION OF PAYMENT TO MINORITY & WOMEN BUSINESS ENTERPRISES

TO: Division of Capital Asset Management and Maintenance
Office of Contract Compliance
One Ashburton Place, 16th FL
Boston MA 02108

Reporting FY ___ Qtr. ___
Period
Contract Date:

ATTN: _____
Compliance Officer

_____ **Design Contract**
_____ **Construction Contract**

RE: MA State Project:

The undersigned hereby certifies under the pains and penalties of perjury that the Contractor/Designer named below has made the following payment to the named Minority/Women Business Enterprises for work performed on the above named Project:

MBE/WBE Firm Name	Work Performed	Subcontract Amount	Payments This QTR	Cumulative Payments
<input type="checkbox"/> MBE				
<input type="checkbox"/> WBE		\$	\$	\$
<input type="checkbox"/> MBE				
<input type="checkbox"/> WBE		\$	\$	\$
<input type="checkbox"/> MBE				
<input type="checkbox"/> WBE		\$	\$	\$
<input type="checkbox"/> MBE				
<input type="checkbox"/> WBE		\$	\$	\$
<input type="checkbox"/> MBE				
<input type="checkbox"/> WBE		\$	\$	\$

MBE /WBE payment reports are required for each quarter of the Commonwealths fiscal year for each of your DCAMM projects. Reports are to cover the following three month periods: **1st quarter, July 1st – September 30th; 2nd quarter, October 1st – December 31st; 3rd quarter, January 1st – March 31st; 4th quarter, April 1st – June 30th.**

Date Submitted: _____

General Contractor or Design Firm

Telephone NO.: _____

Authorized Signature

Fax No/Email: _____

Print Name & Title

NOTICE: *Intentionally submitting false information in this document may subject the contractor/designer to criminal prosecution and/or debarment from public contracting*