ATTACHMENT F

DESIGNER’S AFFIDAVIT OF PAYMENTS TO

**MINORITY OR WOMEN OWNED ENTERPRISES (MBE/WBE FORM)**

**Commonwealth of Massachusetts**

**Department of Housing and Community Development**

**TO:** David McClave, Director of Procurement and Construction

Email form to David.McClave@mass.gov

**FROM:**

**RE**: Contract for Housing Authority

Development No:

DHCD Project No:

Original Contract Amount:

The undersigned certifies under the penalties of perjury that the M/WBE firms listed below have participated and received the following payments from the above Designer for work performed on the above referenced contract.

**Name of MBE/WBE Firm & Certification Work Performed Subcontract Total**

**Amount Payments**

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Name of Designer

Signature

Date