

CHICAGO HOUSING AUTHORITY (CHA)
Department of Procurement & Contracts Contract Compliance Division

SCHEDULE R - STATUS REPORT OF MBE/WBE/DBE SUBCONTRACTOR/SUPPLIER PAYMENTS
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This form is to be submitted MONTHLY by the prime contractor along with appropriate documentation evidencing payment (copies of canceled checks and signed waivers) to the Chicago Housing Authority Contract Compliance Division. Note that copies of all subcontract agreements with approved MBE/WBE/DBE firms must be submitted within 5 days of contract award.

Specification # _____ Contract # _____

Prime Contractor _____

Current Contract Amount including any Change Orders \$ _____

LIST ALL MBE/WBE/DBE SUBCONTRACTORS/SUPPLIERS utilized on this contract:

Subcontractors/ Suppliers	Total Subcontract Amount including Change Orders	Scope of Work Performed	AMOUNT PAID TO DATE	BALANCE DUE
TOTALS	\$		\$	\$

Based upon cumulative amount of contract to date as indicated above, the amount of M/WBE participation claimed is _____% of my contractual goal of _____%.

In connection with the above referenced contract, I hereby declare and affirm under penalties of perjury that I am the _____ and the duly authorized representative of

 (title)

_____, located at _____
 (company name) (address)

in the City of _____, State of _____ and that the aforementioned expenditures have been paid for the work stated above.

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PAYMENTS

THE INFORMATION REQUESTED ABOVE IS VITAL TO ENSURE PROMPT PROCESSING OF
PAYMENT REQUESTS AND MUST BE COMPLETED AND SUBMITTED WITH APPROPRIATE
SUPPORTING DOCUMENTATION (waivers and copies of canceled checks) MONTHLY TO:

CHICAGO HOUSING AUTHORITY
DEPARTMENT OF PROCUREMENT & CONTRACTS
CONTRACT COMPLIANCE DIVISION
60 E Van Buren, 13th Floor
CHICAGO, ILLINOIS 60605

Attn: Leon Moore, Senior Manager
(312) 786-3688

NAME OF AFFIANT: _____

SIGNATURE OF AFFIANT: _____

NOTARY STATEMENT

ON THIS ___ DAY OF _____ in the year 20___

THE ABOVE SIGNED OFFICER _____
(NAME OF AFFIANT)

PERSONALLY KNOWN, WHO, BEING DULY SWORN, DID EXECUTE THE FOREGOING
AFFIDAVIT AND DID SO AS HER OR HIS FREE ACT AND DEED.

IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND OFFICIAL SEAL.

(NOTARY PUBLIC SIGNATURE)

(NOTARY SEAL)

MY COMMISSION EXPIRES _____