Supplemental Requirements for New Construction Capital Projects and for Renovation Projects over $2,000,000.00

Date: ________________

Re: Project Number: CMAR 20__-____
Project Name: ______________________

I, ____________________________, do hereby state that ____________________________
(Name of signatory party) (Title) (Name of General Subcontractor)
the following checked requirements will be met for this project. This is covered
under (h) 13.19 of the Operating Manual.

Project Pre-Construction Contract Amount $______________

Project Construction Contract Amount $______________

1. We have taken the following actions to include Disadvantaged Business Enterprises in the design
and construction of this project. (The Owner, the CMAR, and each Subcontractor shall include
small businesses and disadvantaged business enterprises in the design, engineering and
construction of the Project so long as this would result in services that are comparable in quality and
would not result in a material increase in costs of the Project. A Disadvantaged business is a business that meets either the Arizona or Federal Small Business definition and is a Woman Owner [WBE], Minority Owner [MBE], Disadvantaged/Disabled owner [DBE], or Disabled Veteran.

☐ We self-perform all work and do not hire subcontractors.
☐ OR
☐ We actively include Diversity Subcontractors when solicit for quotes for work.
☐ We actively include Small Business Subcontractors when solicit for quotes for work.

2. We are a MBE/WBE/DBE and/or Small Business owned firm. Attach documentation one time only if
firm is certified. ASU accepts self-certification.

a. A Disadvantaged business is a business that meets either the Arizona or Federal Small Business
definition and is a Woman Owner [WBE], Minority Owner [MBE], Disadvantaged/Disabled owner [DBE], Disabled Veteran. ASU does not limit the size of a diversity firm. Diversity Firms do
not have to be a Small Business.

<table>
<thead>
<tr>
<th>Designation:</th>
<th>MBE</th>
<th>WBE</th>
<th>DBE</th>
<th>Handicapped Vet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check Appropriate</td>
<td>Veteran</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

b. A Small Business can either be certified or can self-certify that they either have less than One
Hundred (100) employees or were under $4,000,000 in revenue in the previous year, or have
Federal Certification as a Small Business.

☐ We are a Small Business Firm
3. We are a major subcontractor and we hire the following MBE/ WBE/ DBE/ Handicapped Vet/or Veteran owned firms. And/or we hire the following Small Business firm(s). (CMAR is to add these firms to their spreadsheet and you can include 2nd or 3rd tier subcontractors.)

<table>
<thead>
<tr>
<th>Firm Name</th>
<th>M/W/D/HV/SB Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>List Small Business and/or Diversity Sub-contractors or Suppliers:</td>
<td></td>
</tr>
</tbody>
</table>

☐ No Small Business or Diversity Sub-contractors or Suppliers have been hired

4. **Health Insurance Requirement:** Do you provide health insurance coverage to fulltime employees (and their dependants) assigned to the project? *Note: it is a contract requirement to provide health insurance to full-time employees working on the project.*

☐ Yes

☐ No

Name of Health Insurance Provider ________________________________

Do you make available Health insurance to employees who work less than fulltime and their dependants? *Not applicable to minor subcontractors. Note: it is a contract requirement to make health insurance available.* Your firm is not required to pay any of the cost.

☐ Yes

☐ Offered to employees who work more than 20 hours a week, but less than full time.

☐ Offered to employees who work more than 30 hours a week, but less than full time.

OR

☐ No – There are no Part-time employees working on the project

Name of Health Insurance Provider ________________________________

5. We certify that we abide by state and federal laws and that all employees on the project are legal US residents.

☐ Yes

☐ No (Explain why)________________________________________________________
6. We certify that we have records documenting that we are using Arizona Residents to do the construction work on this project to the extent persons with the necessary and appropriate skills are reasonably available.

☐ Yes
☐ No

(If no, answer the following.) We are unable to hire Arizona Workers because ______________________

7. ☐ Our firm is a major supplier on this project and will not be doing any on-site work. We will be supplying materials only.

8. We have the following percentage of Apprentices to Journeymen _________ on this project. The CMAR and Subcontractors are required to provide a ratio of not less than ten percent (10%) apprentices from State of Arizona registered apprenticeship programs for payroll dollars on the construction site.

9. Each month we will contribute an amount, which is equal to one percent (1%) of our (CMAR or Major Subcontractor) gross payroll for construction work on site in the project to fund training for Arizona residents in State of Arizona registered apprenticeship programs.

(If you have not selected an apprenticeship program at the time this certificate is signed, enter TBD below. As soon as the program has been selected, enter the information on the spreadsheet that you will be submitting with each invoice to the CM@Risk.)

Name of Apprenticeship program(s): ________________________________
(Not applicable to minor subcontractors.)

__________________________
Name of CM@Risk or Sub Contractor

__________________________
Name & Title (Must be Owner, Officer or Authorized Representative)

__________________________
Signature