

**MONTHLY STATEMENT OF CERTIFICATION
FOR CMAR GENERAL AND MAJOR SUBCONTRACTORS**

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

Date: _____

Re: Project Number: _____ Project Name: _____

I, _____, _____ do hereby state that _____
(Name of signatory party) (Title) (Name of General
_____ the following checked requirements have been met for this pay period
or Sub)

beginning _____ and ending on _____. This is covered under (h) 6.1 of the
Exhibit A, Operating Manual

Project 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. [YOU MUST INCLUDE AN EXPLANATION OF YOUR PROCEDURE]* _____

2. We are a MBE/WBE/DBE owned firm. Attach documentation.

Circle Appropriate Designation: **MBE** **WBE** **DBE** **SB**

3. We are a major subcontractor and we hire the following MBE/ WBE/ DBE firm(s). (CMAR – these firms need to be listed on your spreadsheet.)

Firm Name	Contract Value	\$ Current Month	Total to Date
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4. **Health Insurance Requirement:** Do **you** provide health insurance coverage to fulltime employees (and their dependants) assigned to the project? (Circle one) **Yes** or **No**

Do you provide or make available insurance to employees who work less than fulltime and their dependants? *Not applicable to minor subcontractors.* (Circle one) **Yes** or **No**

[Insert a Name of Insurer and a brief description of your plan] _____

5. We certify that we abide by state and federal laws and that all employees on the project are legal Arizona and US residents. (Circle one) **Yes** or **No**

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 .** (Circle one) **Yes** or **No**
(if no, answer the following.) We are unable to hire Arizona Workers because _____

7. 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.
8. This month we contributed \$_____, which is equal to one percent (1%) of our (CMAR or Major Subcontractor) gross payroll for construction work in the project to fund training for Arizona residents in State of Arizona registered apprenticeship programs. List program(s): _____
 _____ . *Not applicable to minor subcontractors.*

	(Check one)	CMAR	Major Sub
Name of CMAR or Sub Contractor			
		<input type="checkbox"/>	<input type="checkbox"/>
Name & Title (Must be Owner, Officer or Authorized Representative)			
Signature			