Supplemental Provisions for CMAR Projects

Project Close Out

Project Name:

Project Number: **Total of this Pay Application:**

Purchase Order #:

Primary Vendor:

Pay Period Ending: **Current Project Total Cost To Date:**

(Applies to CMAR and to all Subcontractors														(Applies to Major Subcontractors Only			
CMAR or Contractor	Address	Phone & Contact	Trade	Major Subcontractor	Original Contract Value	Contract Value At Project Completion	$ This Pay Application	Reimbursables	Small Business	MBE/ WBE/ DBE (Use Abbreviation in box)	MBE/ WBE/ DBE Contract Value	MBE/ WBE/ DBE Contract Value At Completion	Health Insurance Provider CMAR and Major Subs	Min. 10% Ratio Apprentice/ Journeymen	1% of CMAR Payroll Funds for Training		Apprenticeship Program(s)
				Yes or No					Yes or No					Rqmt Met (Yes or No)	Apprenticeship dollars this pay ap	Total Apprenticeship Dollars	
Total Costs to date						$0.00					$0.00						

Form Revised 10-9-07

** Under M/W/DBE, indicate if contractor is M or W or DBE.