CMAR Supplemental Provisions for Capital Projects Whether New or Renovations Over $2,000,000.00

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 and Major Sub Contractor	Address	Phone & Contact	Trade	Major Subcontractor	Contract Value	$ This Pay Application	Current Reimbursables	Small Business	MBE/ WBE/ DBE (Use Abbreviation in box)	MBE/ WBE/ DBE Contract Value To Date	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	Apprenticeship Dollars to date	