

**Supplemental Provisions Project Spreadsheet
for Design Professional (Construction Manager at Risk Process)**

Project Name: _____
 Project Number: _____
 Purchase Order #: _____
 Primary Vendor: _____
 Pay Period Ending: _____

Pay Ap #: _____
 Total of this Pay Application: _____
 Total Project Design Cost at Close Out: _____

(Form needs to be saved as a 11X17 sheet of paper for readability)

(TheDP(CMAR) and each Sub-Consultant needs to complete the salmon colored columns when work is completed or at Project Close Out.)

New Consultant (Enter X in Box)	DP(CMAR) and Consultant	Address	Firm Contact	Firm Phone Number	Area of Expertise	Consultant or Supplier (Enter X in Box)	Firm is sub-Tier firm. Enter name of contracting firm	Initial Contract Value	Current Monthly Contract Value	Dollars Invoiced This Pay Application	Contract Value at Project Completion	Small Business Final Contract Value	Diversity Firm Final Contract Value	Firm Self-Performs Work (Enter X in Box)	Firm Includes Small Business Subs (Enter X in Box)	Firm Includes Diversity Subs (Enter X in Box)	Firm is a Small Business (Enter X in Box)	Firm is not a Small Business (Enter X in Box)	Firm is not a Diversity Firm (Enter X in Box)	Firm is MBE Owned (Enter X in Box)	Firm is WBE Owned (Enter X in Box)	Firm is DBE Owned (Enter X in Box)	Firm is Handicapped Vet Owned (Enter X in Box)	Firm is Veteran Owned (Enter X in Box)	Employees on Project are Legal US Residents (Enter X in Box)	We hire Arizona Residents to do work (Enter X in Box)	We do not Hire Arizona Residents Due to Expertise Required (Explain reason on Certificate) (Enter X in Box)	Health Insurance Provider for DP and each Consultants	Full-Time Employees and families have Health Insurance Coverage (Enter X in Box)			

Most Sub-Consultants will be self-performing on the project.

We (_____) for _____ Firm sign this spreadsheet to certify that the information presented to the best of our ability meets the Supplemental Provisions Requirements for this project for the pay ap submitted for Pay Ap # _____.

Signature: _____
 Printed Name: _____

Form Revised 6/20/13
 * Under M/W/DBE, indicate if contractor is MBE or WBE or DBE.

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Health Insurance Coverage is made available to Part-Time Employees and families
(Enter X in Box)