DIVISION VIII

SUBCONTRACTOR PAYMENT FORMS





ATTACHMENT C STATEMENT OF SUBCONTRACTOR UTILIZATION

Submit & Completed By: 1) CMAR with every pay request involving any Subcontractor AND

2) Any Subcontractor when paying any lower tier Subcontractor as a reporting mechanism only (check box below)

		-	•						•		
											SHEET OF
☐ CHECK IF FORM IS FOR SUB-TIER REPORTING				PROJECT NAME: Runway 12R-30L Reconstruction					PROJECT NUMBER: 1072		
PAY REQUEST NO.				PAY REQUEST \$							
							PMGAA USE ONLY				
SUBCONTRACTOR RECEIVING PAYMENT	CONTRACT AMOUNT	CONTRACT ADJUSTMENTS	REVISED CONTRACT AMOUNT	AMOUNT EARNED THIS PERIOD	AMOUNT EARNED TO DATE	AMOUNT RETAINED THIS PERIOD	AMOUNT RETAINED TO DATE	NET PAYMENT THIS PERIOD	PP RCVD	REVIEW DATE	NOTES
PRIME CMAR/SUBCONTR	ACTOR			AUTHO	 	JRE			<u> </u>	DATE	

NOTE: Amount earned this period, less retention, (NET PAYMENT THIS PERIOD) MUST equate to amount on Prompt Payment certification. If not, attach explanation please.



ATTACHMENT D CERTIFICATION OF PAYMENT BY A DBE FIRM TO LOWER TIER

When a DBE subcontractor/subconsultant/supplier makes a payment to a firm/individual they have Submit: sublet a portion of their contract to **Submit with Attachment D** Completed By: Subcontractor/Subconsultant/Supplier PROJECT DESCRIPTION: Runway 12R-30L Reconstruction **Project No.:** <u>1072</u> DBE Subcontractor Name: _____ ☐ Submitted with Attachment C The work listed below was sublet to: ______, who is a (firm name) ☐ Certified DBE 1. ☐ Certified SBE ☐ Neither a DBE nor SBE (must select at least one) □Contractor □Trucker □Broker (Fees/Commission) □Supplier □Manufacturer □Other (must select one) Start Date **End Date** Description / Scope of Work **Total Amount Sublet** TOTAL \$ (Authorized DBE firm officer, print name) (Name of firm work sublet to) has performed the scope(s) as described above for \$_____ (Authorized DBE firm officer, signature)

(Title)

(Date)



ATTACHMENT E CERTIFICATION OF PROMPT PAYMENT TO SUBCONTRACTORS

For each payment made to a Subcontractor or lower tier Subcontractor Completed By: CMAR and Subcontractor/Supplier OR Subcontractor/Supplier and Lower Tier Subcontractor Project Name: Runway 12R-30L Reconstruction **Project Number: 1072** INVOICE/PAY REQUEST NO.: PRIME CMAR or SUBCONTRACTOR: PRIME CMAR OR SUBCONTRACTOR AFFIDAVIT: The undersigned, having contracted as the prime CMAR or Subcontractor (herein includes Suppliers) on the above project, hereby certifies that a payment has been made to the Subcontractor cited below. The total value of this payment made to the Subcontractor for materials and/or work performed on this project contract is as follows: Subcontractor: _____ Total Amount Paid: \$_____ Date Sent ____ This certification is made under Federal and State laws concerning false statement. Supporting documentation for this payment is subject to audit and should be retained for a minimum of three (3) years following final completion of the contract. In the event the Subcontractor was not paid in accordance with affidavits submitted by the Prime CMAR or Subcontractor, all documentation supporting the payee's position should be submitted. I DECLARE UNDER PENALTY OF PERJURY IN THE SECOND DEGREE. AND ANY OTHER APPLICABLE STATE OR FEDERAL LAW, THE STATEMENTS MADE ON THIS DOCUMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. Authorized Agent for Prime CMAR or Subcontractor Date Name: (Print name) Title SUBCONTRACTOR AFFIDAVIT: The undersigned Subcontractor hereby certifies that a contract was entered into with the above named prime CMAR or Subcontractor to perform work or provide materials on the project cited in this document. I further certify that the total amount of this payment received as provided herein by the Prime CMAR or Subcontractor is accurate and unchallenged. Total Amount Received: \$ Date Received I DECLARE UNDER PENALTY OF PERJURY IN THE SECOND DEGREE, AND ANY OTHER APPLICABLE STATE OR FEDERAL LAWS, THE STATEMENTS MADE ON THIS DOCUMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. Authorized Agent for Subcontractor Date Title (Print name)

PHOENIX-MESA GATEWAY AIRPORT AUTHORITY CERTIFICATION OF PROMPT PAYMENT TO SUBCONTRACTORS

INSTRUCTIONS

Prime CMAR or Subcontractor will prepare a form for each Subcontractor being paid from each Airport payment for services when the Subcontractor is being paid. The amount paid to each Subcontractor should match the amount earned less any retention held on a pay application as shown on Attachment C.

The date documented by the Prime CMAR or Subcontractor must be the date a check is issued or that an Electronic Fund Transfer is completed as payment to the Subcontractor. This must be in conformance with State and Federal prompt payment regulations per the contract.

The authorized Prime CMAR or Subcontractor must sign and certify the accuracy of the information on Attachment E and send it to the Subcontractor.

The Subcontractor must document the amount of payment received and the date payment from the Prime CMAR or Subcontractor was received. The authorized Subcontractor representative must sign and certify accuracy of the information.

The Subcontractor must email a scan of the record to the Airport within five (5) days of receipt of the Prime CMAR or Subcontractor payment. Airport contact information is as follows:

PromptPayment@gatewayairport.com

The Subcontractor should also copy the Prime CMAR or Subcontractor on the record.

The Prime CMAR and Subcontractor must retain the payment records and evidence of compliance for three years following completion of the contract.

FOR QUESTIONS ON COMPLETING THIS FORM, PLEASE CONTACT THE PHOENIX-MESA GATEWAY AIRPORT AUTHORITY AT (480) 988-7625.

Subcontractors may file complaints on alleged violations of the Prompt Payment standards by contacting the Airport Project Manager or Airport Staff at the number noted above.