REHABILITATION AND CONSTRUCTION OF FACILITIES

Grantee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project GMS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor/Vendor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Contract Payment Number \_\_\_\_ |  | Contract Total |  | City Share (\_\_ %) |  | Agency Share (\_\_\_ %) |  |
| Total Contract Amount to Date |  |  |  |  |  |  |  |
| Amount Billable/Completed to Date |  |  |  |  |  |  |  |
| Less Any Retainage |  |  |  |  |  |  |  |
| Amount Billable/Completed Less Retainage |  |  |  |  |  |  |  |
| Less Previously Billed |  |  |  |  |  |  |  |
| This Payment Request |  |  |  |  |  |  |  |

**(Check Appropriate Boxes below for Attachments)**

Please submit this Request for Contract Payment along with the following to your Project Manager.

[ ]  One original set of invoices or receipts (All of which must be signed and dated by you) **OR**

[ ]  AIA G702/703 itemized by trades and subcontracts, used for construction contracts or equivalent.

[ ]  MOCD Form 16 and Demographic Information Sheet, **(Final Request for Payment to close grant ONLY)**

I have reviewed the attachments to this request for payment and have verified that they are complete and correct.

Corporation Signature

Title      Date

## FOR MOCD USE

OLSE OK Thru: by: Date:

Remarks/Conditions for Approval:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART 2: For Prime contracts in excess of **$100,000** provide complete information in the following table for Contractor, each Subcontractor/joint venture partner and all subcontractors (including 2nd and/or 3rd tier sub-contractors). Make copies of this sheet as needed. Attach copies of all invoices from subcontractors supporting the information tabulated on this form and Contractor’s invoice and Contract Payment Authorization for the immediately preceding progress payment period.

| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of FirmList Contractor, including each joint venture partner, and all subcontractors,  | Service Performed | Amount of Contract or Purchase order at time of Award | Amount of Change Orders/Modifications to Date | Total Amount of Contract or Purchase Order to Date +/− Change Orders/Modifications(C + D) or (C−D) | Amount Invoiced this Reporting Period | Amount of Progress Payments Paid or Invoiced to Date | Percent Completed to Date (F+G)÷E |
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|  |  |  |  |  |  |  |  |
| MBE Sub-Totals |  |  |  |  |  |  |  |
| WBE Sub-Totals |  |  |  |  |  |  |  |
| CONTRACT TOTALS |  |  |  |  |  |  |  |