

**ATTACHMENT G  
(G FORM)**

County FAMIS Project #	_____
SRF Project #	_____
Bond Act Contract #	_____
EPA Grant #	_____

Project Name: \_\_\_\_\_  
 Bid Number: \_\_\_\_\_

**MONTHLY REPORT**  
 County of Onondaga

Month of \_\_\_\_\_ Year \_\_\_\_\_

**ENGINEER/CONTRACTOR'S MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (M/WBE) MONTHLY REPORT**

The following information indicates the payment amounts made to the contractor by the County of Onondaga and payments made to NYS certified M/WBEs from the contractor on this project. The payments as shown made to them are in compliance with contract documents for the above referenced project:

ENGINEER/CONTRACTOR: \_\_\_\_\_ CONTRACT NUMBER: \_\_\_\_\_

ORIGINAL CONTRACT AMOUNT: \_\_\_\_\_ REVISED CONTRACT AMOUNT (Including Change Orders): \_\_\_\_\_ AMOUNT PAID TO ENGINEER/ CONTRACTOR THIS MONTH: \_\_\_\_\_

MBE Goal/Amount: \_\_\_\_\_ % = \_\_\_\_\_ WBE Goal/Amount: \_\_\_\_\_ % = \_\_\_\_\_

Subcontractor/Description of Services	Work Status This Report	Total Subcontractor Contract Amount		Payments This Month		Previous Payments		Total Payments Made to Date	
		MBE	WBE	MBE	WBE	MBE	WBE	MBE	WBE
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete								
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete								
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete								
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete								
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Complete								
<b>TOTAL</b>									
<b>% of TOTAL CONTRACT</b>									

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_