

PROFESSIONAL SERVICE/SOLE SOURCE

Status Report of Payments to MBE/WBE Participants

Contract Title & Number: _____ / _____

Date: ____ / ____ / ____

STATE OF: ILLINOIS)

COUNTY OF: COOK)

In connection with the above-captioned contract:

I HEREBY DECLARE AND AFFIRM that I am the _____
(Title-Print or Type)

and duly authorized representative of _____
(Name of Company-Print or Type)

(Address of Company) (Phone Number)

and that the following Minority and Women Business Enterprises (MBEs/WBEs) have executed Letters of Intent and have provided products or performed services on the above referenced contracts; and there is due and to become due them, respectively the amounts set opposite their names for products or services as stated; and that this a full, true and complete statement of all such MBEs/WBEs and of the amounts paid, due, and to become due to them:

MBE/WBE NAME	AMOUNT OF CONTRACT	AMOUNT PURCHASED	AMOUNT PAID TO DATE
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Total amount of contract: \$ _____

Contract Period: From: _____ To: _____

Total amount paid to Prime Contractor to date: \$ _____

Total amount purchased from MBEs to date: \$ _____

Total amount paid to MBEs to Date: \$ _____

Total amount purchased from WBEs to date: \$ _____

Total amount paid to WBEs to date: \$ _____

Percentage paid to MBEs to date: _____ %

Percentage paid to WBEs to date: _____ %

Status Report of MBE/WBE (Sub) Contract Payments

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Contract Title & Number: _____ / _____

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE PRIME VENDOR, TO MAKE THIS AFFIDAVIT.

Name of Vendor: _____
(Print or Type)

Signature: _____
(Signature of Affiant)

Name of Affiant: _____
(Print or Type)

Date: _____
(Print or Type)

State of _____

County of _____

This instrument was acknowledged before me on ____ / ____ / ____ (date)

_____ (name/s of person/s)

as _____ (type of authority, e.g.,

officer, trustee, etc.) of _____ (name of

party on behalf of who instrument was executed).

Signature of Notary Public

(Seal)

RETURN THE INFORMATION REQUESTED TO:

**Office of Contract Compliance
Cook County Government
118 North Clark Street – Room 1020
Chicago, Illinois 60602**