

**INSTRUCTIONS FOR COMPLETING CERTIFICATE OF PAYMENT BY
CONTRACTOR/DESIGNER TO MINORITY, WOMEN AND VETERAN OWNED BUSINESS
ENTERPRISES**

As part of its effort to ensure reliable, up-to-date information concerning the actual payments made to certified MBE, WBE and VOB subcontractors on all DCR projects, and to monitor **vendor compliance** with SDP Commitments, the Supplier Diversity Program (SDP) has prepared these instructions to assist you in completing the enclosed form. PLEASE READ THESE INSTRUCTIONS CAREFULLY. DCR will monitor SDP spending on a quarterly basis. **EACH COP MUST REFERENCE THE FISCAL YEAR AND QUARTER. COPS WILL BE RETURNED IF THEY ARE INCOMPLETE OR INACCURATE. COPS must be submitted within 15 days of the quarter close.**

PLEASE INCLUDE THE FOLLOWING INFORMATION IN THE DESIGNATED SECTIONS OF THE FORM:

MBE/WBE/VOBE NAME: Include the MBE/WBE/VOBEs listed on the project's approved Schedule for Participation and any additional MBE/WBE/VOBEs that worked on the project. *Please check off the appropriate column identifying which type of vendor they are listed as.* Please note that any change in MBE/WBE/VOBEs participation used to meet the project MBE/WBE/VOBE goals must be pre-approved by the Project Manager or Engineer responsible for this project and a revised MBE/WBE/VOBE Schedule of Participation will be required. Contact Nadine Calla or Holly Richardson, immediately if you anticipate or have had any changes in MBE/WBE/VOBE participation on this project.

WORK PERFORMED: Include a brief description of the work performed by each subcontractor listed. The description should match the MBE/WBE/VOBE Letter of Intent and approved Schedule of Participation. MBE/WBE/VOBEs must be SOMWBA-certified in the category of work performed on this project for firms used to meet the project MBE/WBE/VOBE goals.

SUBCONTRACT AMOUNT: Include the contract or subcontract amounts listed on the MBE/WBE/VOBE Letters of Intent and approved Schedule of Participation. If the value of an MBE/WBE/VOBE contract or subcontract has decreased or increased for any reason, you must contact the Project Manager or Engineer responsible for this project immediately. If additional MBE/WBE/VOBE firms not listed on the Schedule for Participation worked on this project list the amount of their subcontracts.

PAYMENTS THIS QUARTER: Include the amount you paid the MBE/WBE/VOBE subcontractor, either directly or indirectly, for work performed on this project during the three-month period covered by this Certification of Payment. If the amount paid was zero, please indicate that. Do not include payments from previous periods or estimated future payments in this column. Please note that you may be required to submit copies of cancelled checks to verify the amounts reported for firms used to meet the project's MBE/WBE/VOBE goals.

CUMULATIVE PAYMENTS: Include the total amount you paid the MBE/WBE/VOBE subcontractor, either directly or indirectly, for work performed on this project for all quarters to date. This amount should equal all payments made during the period covered by this Certificate of Payment as well as all payments from previous periods. The total amount reported this quarter will be checked against any payments previously reported. To ensure accurate reporting, please review the prior Certifications of Payments you submitted for this project. Where necessary, correct any earlier mathematical or reporting errors and submit revised Certifications of Payment.

PLEASE NOTE: ONCE THIS PROJECT IS COMPLETE, OR YOUR FIRM HAS MET YOUR SDP SPENDING COMMITMENT, PLEASE SUBMIT THE CERTIFICATION OF COMPLETION WITH ALL CUMULATIVE FIGURES. The COC will not be reviewed and approved unless all COPS are submitted throughout the life of the contract.

IF YOU HAVE ANY QUESTIONS CONTACT Holly Richardson by email at Holly.Richardson@Mass.Gov or Nadine Calla by email at Nadine.Calla@Mass.Gov.

CERTIFICATE OF PAYMENT
Supplier Diversity Spending
(To be completed each quarter of each fiscal year)

**BY CONTRACTOR/DESIGNER TO MINORITY, WOMEN
& VETERAN OWNED BUSINESS ENTERPRISES**

TO: Holly Richardson or Nadine Calla
Department of Conservation and Recreation
10 Park Plaza Suite 6620
Boston, MA 02116

Reporting Period* _____
(must include the FY and Quarter)

Contract Date: _____

Construction Contract

RE: DCR Project No. _____

Project Name _____

The undersigned hereby certifies under the pains and penalties of perjury that the contractor/designer named below has made the following payments to the named Minority, Women Business and Veteran Owned Enterprises for work performed on the above project:

MBE/WBE/VOBE Firm Name	Work Performed	Subcontract Amount Commitment	Payments This Quarter *(1) (2) (3) (4 th)	Cumulative/final Payments FY__
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VOB		\$	\$	\$
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VOB		\$	\$	\$
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VOB		\$	\$	\$
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VOB		\$	\$	\$
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VOB		\$	\$	\$
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VOB		\$	\$	\$
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VOB		\$	\$	\$

Date Submitted: _____

Name of General Contractor or Design Firm

Telephone No.: _____

Authorized Signature

E-Mail: _____

Print Name and Title

* MBE, WBE and VOB payment reports are required for each quarter of the fiscal year for each of your DCR projects. Reports are to cover the following three-month periods: 1st quarter, July 1st – September 30th; 2nd quarter, October 1st – December 31st; 3rd quarter, January 1st – March 31st; 4th quarter, April 1st – June 30th. **Reports must be submitted within 15 calendar days of the quarter close.** Submit completed forms to DCRsdpreporting@mass.gov.

NOTICE: *Intentionally submitting false information in this document may subject the contractor/designer to criminal prosecution and/or debarment from public contracting.*

CERTIFICATE OF COMPLETION

(To be used ONLY when SDP spending is complete or end of project**)**

**BY MINORITY/WOMEN/VETERAN OWNED BUSINESS ENTERPRISE
DEPARTMENT OF CONSERVATION AND RECREATION**

DCR Project Number _____

Project Location _____

Project Name _____

Name of MBE/WBE/VOBE Firm _____

Address _____

Name of General Contractor _____

Address _____

DESCRIPTION OF WORK (AS SHOWN IN LETTER OF INTENT)

DESCRIPTION OF ACTIVITY

(Note "Labor Only," "Material Only,"
"Material and Labor," "Complete")

Original Subcontract Amount	\$ _____
Adjusted Subcontract Amount (Change Orders, etc.)	\$ _____
Total Payments Received to Date from Prime Contractor	\$ _____
Total Amount/Balance Due from Prime Contractor	\$ _____

If the completed activity is different from that listed on the Letter of Intent, please explain:

(If more space is needed, continue on back of sheet)

The individuals signing below hereby certify under the pains and penalties of perjury that all work listed on the Contract Letter of Intent (or approved changes thereto as explained above) was completed by the MBE/WBE/VOBE firm on _____, 20____ and the above amounts listed for these services are true and accurate.

FOR CONTRACTOR

FOR MBE/WBE/VOBE FIRM

Authorized Signature _____

Authorized Signature _____

Print Name _____

Print Name _____

Title _____

Title _____

Date _____ Telephone No. _____

Date _____ Telephone No. _____

NOTE: Certificate of Completion to be submitted when SDP spending is complete or end of project. The Certificate of Completion will not be approved unless all quarterly reporting has been submitted. Submit completed forms to DCRsdpreorting@mass.gov.