MONTHLY CONTRACT DIVERSITY AFFIDAVIT

Fill out all required information for Blue Cells

Do not enter information in Grey Cells - these are automatically calculated

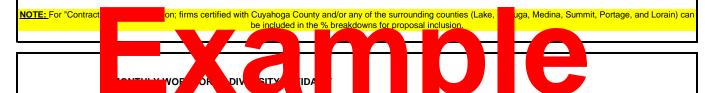
Information to ENTER: Contract Name Contract Number Trade Contractor Period Ending

Through Supplement #

Total Contract Amount Original Current
Total Labor Hours Original Current

Contract participation Cost (\$) information required:

- 1. Enter your committed contract % per economic inclusion group MBE, FBE, and SBE (per Diversity Exhibit "Subcontractor/Supplier Participation" of subcontract)
- 2. List all MBE/FBE/SBE subcontractors and suppliers (including yourself if applicable)
- 3. Proposed Contract amounts, actual amount awarded and amount paid to date



Fill out all required information for Blue Cells

Do not enter information in Grey Cells - these are automatically calculated

Information to ENTER:

Contract Name Contract Number Trade Contractor Period Ending

Total Contract Amount Original *Current *Current will match the Original unless a Contract Supplement has be approved Total Labor Hours Original *Current impacting cost and/or total number of labor hours

Workforce participation hours information required:

- 1. Enter your committed workforce % per economic inclusion groups Minority labor force, Female labor force, Cuyahoga County Resident labor force, City of Cleveland Resident labor force, Low Income Cleveland labor force (per Diversity Exhibit "Workforce Participation" of subcontract
- 2. Enter the appropriate hours worked for each diversity workforce group ("Previous Hours" and "Hrs. This Period")

NOTE: the quantity of hours worked entered into the Workforce Diversity Affidavit MUST match the Certified Payroll backup required with every subcontractor request for payment submission

<u>NOTE:</u> For "Workforce" Diversity inclusion; hours from residents of Cuyahoga County ONLY can be included in the hours of work performed by "Cuyahoga County Resident Labor Force" (Workers who are resdients in any of the surrounding counties; Lake, Geauga, Medina, Summit, Portage, and Lorain do not apply)



Monthly Contract Diversity Participation Affidavit

Total Contract Amount	Original						
Total Contract Amount			Approved Changes	Current			
			\$ -	Ourrent			Through Supplement
Total Labor Hours			0				1
	•		•	•			
nomic Participation	MDE	WDE	CDE.				
	MBE	WBE	SBE	.	20.00/		
wner M/WBE/SBE Requirement	15.0%	7.0%	8.0%	Contracted Value	30.0%		
Contracted Value				Contracted Value	0.0%	Total M/WBE Committed	\$0
Contractor / Supplier	Туре		Proposed Contract Value	Actual Awarded Contract \$ to Date	Projected Remaining	Total Awarded + Projected \$	Paid to Date
atton Wake	MBE		\$198,000.00		\$198,000	\$198,000	
eserve Millwork	SBE		\$200,000.00		\$200,000	\$200,000	
unctional Building	SBE		\$58,000.00		\$58,000	\$58,000	
nkowsky Lumber	WBE		\$90,000.00		\$90,000	\$90,000	
NR Trucking	SBE		\$50,000.00		\$50,000 \$0	\$50,000 \$0	
					ΨΟ	Ψ	
IVERSITY TOTALS			\$596,000	\$0	\$596,000	\$596,000	\$0
						<u>e</u>	Diversity % of Tot Contract Value Pa to Date
I hereby certify, under accurate to the best of r	ny knowle			information and	l representation:	s set forth above ar	e true and
BY:				Address:			
Signature, D	Ouly Authorize	ed Agent of Cor	ntractor	•			
	Printed Name	1.000.1		÷			
	Printea Name	ana Ime					
STATE OF (CITY)(COUNTY)OF))to	wit:		
On this	day of	the facts, in	formation and re	presentations se	re me et forth in the for information and	regoing MBE/FBE	nd he/she

My commission expires:



Monthly Workforce Diversity Participation Affidavit

	Original		Approved Changes	Current			
Total Contract Amount	Original		\$ -	Current			Through Supplement
Total Labor Hours			0				1
			-	•			
orce Participation HOUF	RS						
			Minority	Female	Cuyahoga County	City of Cleveland	Low Income
Owner Requirements		16.0%	5.0%	25.0%	20%	3% of City of Clev	
Contracted Value			16%	5%	25%	20%	3%
Contracted Value			1070	070	2070	2070	370
Workforce Summary			Previous Hrs	Hrs This Period	Total Hrs to Date	% of Total Expended Hours	Diversity Hours Remaining
tal Hours					0		
	Commited Hrs	%	Previous Hrs	Hrs This Period			
nority	0	16.0%			0	#DIV/0!	0
male	0	5.0%			0	#DIV/0!	0
iyahoga County	0	25.0%			0	#DIV/0!	0
ty of Cleveland	0	20.0%			0	#DIV/0!	0
w Income -City of Clev		3.0%			0	#DIV/0!	0
R SUBTOTALS)IV/0!	% Total Diverse Hours This Period
_						.DIV/0!	% Total Diverse Hours Overall
T.1 .1	1 1.:	с .	4 4 6 4 3	c .: 1			
I hereby certify, und accurate to the best of				nformation and	representations s	et forth above are	true and
	,						
-	Contro	actor					
BY:				Address:			
Signature,	, Duly Authorized	Agent of Con	tractor				
		1.000.1					
	Printed Name o	and Title					
STATE OF		`					
(CITY)(COUNTY)O	F	<i></i>)to v	wit:		
(CITT)(COUNTT)O							l he/she
On this made oath in due form	dow of						

My commission expires: