such corporate seal; that it was so affixed by order of the Board of Directors of said Corporation; and that he/she signed his/her name thereto by like order for the purposes therein mentioned.

Notary Public or Commissioner of Deeds

CITY OF NEW YORK DEPARTMENT OF DESIGN AND CONSTRUCTION

SUBCONTRACTOR INFORMATION ON REQUEST FOR PAYMENT

(SUBCONTRACTOR PAYMENT FORM)

(To Be Attached To Each Application for Partial, Substantial Completion or Final Payment)

In accordance with the provisions of this Contract, it is hereby certified that the following is a true, accurate and complete representation of the status of subcontracted work under this Contract:

Payment No. _____ Contract Registration No. _____ Task/Work Order No. _____

FMS I.D. No. _____ Payment Period: From _____ To ____

Name of Subcontractor	Value of Subcontract	Amount Previously Paid in Prior Payment Requests	Amount to Be Paid for Work Included in this Payment Request

Date:

Note: You will also be required to update your LBE (or M/WBE) Utilization Plan or file an affidavit of no change in your last Utilization Plan at the following project (or task order) milestones:

- For projects or task orders with original contract durations of ≤ 6 months: at 50% completion of work;
- For projects or task orders with original contract durations of > 6 months • but \leq 12 months: at 50% and 75% completion of work;
- For projects or task orders with original contract durations of > 12 months: . at 25%, 50%, & 75% completion of work.

These items must be sent to the Office of Contract Opportunity, 4th Floor, DDC, 30-30 Thomson Avenue, L.I.C., NY 11101.

ACKNOWLEDGMENT BY CORPORATION

STATE, CITY AND COUNTY OF NEW YORK, ss:

On this day of , 20 , before me personally appeared _	who being by me
duly sworn, did depose and say that he/she resides in the City of	; that he/she is the
of the	that Corporation described in and which

executed the foregoing certificate of Subcontractor payments; that he/she knows the seal of said Corporation; that the seal affixed to the said certificate is

Company Name

Print Representative's Name

Signature of Representative

Title of Representative

ART39CN

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