**Diversity Business Enterprise Name**: 

**Address/City/State/Zip**: 

**Contract Services/Supplies Provided**: 

**Name of Company Contact**: 

**Email Address**: 

**Phone Number**: 

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**Current Month Invoice/Payments Received & Utilization Percentage**

<table>
<thead>
<tr>
<th>Current $ Invoiced</th>
<th>Current Invoice Date</th>
<th><strong>Prior $ Invoiced</strong></th>
<th>Retainage $ Invoiced</th>
<th>Change Orders $ Invoiced</th>
<th><strong>Contract $ Invoiced</strong></th>
<th><strong>Total $ Invoiced To-Date</strong></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Contract Start Date**: 

**Contract End Date**: 

**% Work Completed**: 

**Original Contract %**: 

**Original Contract Value**: 

**Change Orders +/- Current Contract Value**: 

**%**: 

---

**Check Number/Date**: 

**Date Check Rec’d**: 

**Previous Payment**: 

**Total Retainage $ Paid**: 

**Total Change Orders $ Paid**: 

**Contract $ Paid**: 

**Total Dollars Paid to-date**: 

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**Current Dollars Invoiced** includes current month’s contract charges plus any retainage and/or change orders. **Prior Dollars Invoiced** includes prior month's contract charges plus any retainage and/or change orders. **Contract Dollars Invoiced** current dollars due minus retainage and change order dollars. **Total Dollars Invoiced To-Date** includes current and prior month’s contract charges plus any retainage and/or change orders. **Note: Blue Cells require input of information.**

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**Answer All Questions Listed Below. If A Question Is Not Applicable, Mark N/A (if necessary use a separate sheet to explain responses to the all questions)**

Please circle Yes or No.

1. Are you preforming a minimum of 51% of the work identified in your contract or subcontract agreement with your own workforce and equipment? 
   
   Yes ☐ No ☐ If No Please Explain ☐

2. Have you been paid by the prime contractor/prime supplier according to the stipulations under your agreement/contract? 
   
   Yes ☐ No ☐ If No Please Explain ☐

3. Are there any problems or issues related to providing the goods or services as agreed, for this contract? 
   
   Yes ☐ No ☐ If Yes Please Explain ☐

4. Has the prime contractor/prime supplier provided training or mentoring as agreed and/or voluntary? 
   
   Yes ☐ No ☐ If No Please Explain ☐

5. Other comments. Please provide below. 
   
   ☐ N/A if no Agreement to Train/Mentor

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By signing below, I certify that all information provided is true. 

I agree to provide MNPS with all required documentation upon request to support the information provided herein.

**Printed Name of Certifying Official of Company**: 

**Date**: 

**Signature of Certifying Official of Company**: 

**Title**: 

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