

THIS DOCUMENT MUST BE SUBMITTED WITH EACH PAY REQUEST AND FINAL PAYMENT

AFFIDAVIT "F"

MINORITY DOCUMENTATION FOR CONTRACT PAYMENTS

Prime Contractor/Architect: _____

Address & Phone Number: _____

Project Name: _____

Pay Application Number: _____ Period: _____

The following is a list of payments to be made to minority business contractors on this project for the above mentioned period.

Minority Firm Name and Address	Minority Category*	Pay Amount	Owner Use Only
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Minority Categories: Black, African American (B), Hispanic (H), Asian American (AA), American Indian (AI), Female (WF), Socially and Economically Disadvantaged (SE), and Disabled (D).

Date: _____ Approved/Certified by _____

Name: _____

Title _____

Signature _____