SCHEDULE D STATUS REPORT LOG FOR ALL SUBCONTRACTORS INCLUDING SECTION 3/MBE/WBE SUBCONTRACTOR/SUPPLIER FAYMENTS

The information requested is vital to ensure prompt processing of payment requests and MUST be completed and submitted with appropriate supporting documentation (Waivers And Copies of Canceled Checks) Monthly to: Park City Communities, Karen Lee Miller, Section 3/MBE/WBE Compliance Officer-150 Highland Avenue, Bridgeport, CT 06604

PROJECT NAME:	NAME:														
B PR	HACB PROJECT #:								REQ#:						
			Provide	Provide the following information for each contracting party including the Contractor and Subcontractor regardless of tier* Attach additional sheet if necessary	cting party including	the Contractor and Su	bcontractor re	gardless of tier*	Attach ad	Œ:	ional shee	ional sheet if necessary	ional sheet if necessary	ional sheet if necessary	ional sheet if necessary
Active this REQ period	Full Name of Business	% of the work completed	Name of Trade	Address, City, State & ZIP	Tel. / Fax No.	Contact Name	Ownership Type	EIN Number	License Info**		Contract Dollar Amt	Dollar Contract Amount Dollar Requested Amt This Period		Total Dollar Contract Amount Amt Requested Expended to This Period Date	Dollar Amount Requested This Period
														*MBE *WI	*MBE *WBE *Section 3
In	In connection with the above referenced contract, I hereby declare and affirm under penalties of perjury that I am the	I hereby declar	e and affiri	under penalties of perjury that I am the											
ì	POWER WAY			and duly authorized Representative of											
Ľ	Located at			In the City of	COMPAINI NAME	Ř									
	ADDRESS	SS													
St	State of	and that the a	ıforementic	and that the aforementioned expenditures have been incurred for work this period	this period	(date of REC)) and will pay	the cos	sts upon rece	its upon receipt of paym	(date of REQ) and will pay the costs upon receipt of payment.	ts upon receipt of payment.	ts upon receipt of payment.	ts upon receipt of payment.	ts upon receipt of payment.
				Signature Duly Authorized Representative	zed Representative										
										State of C	State of Connecticut	State of Connecticut	State of Connecticut	State of Connecticut	State of Connecticut
		*Business Categories	egories							On this th	On this the	On this theday of		day of	
Se	Section 3 = Section 3 Businesses									The above	The above signed Office	The above signed Officer	The above signed Officer	The above signed Officer	The above signed Officer
XX	MBE = Minority Business Enterprise WRE- Woman Rusiness Enterprise									Personally	Personally known, who,	Personally known, who, being duly sworn	Personally known, who, being duly sworn, did execute the	Personally known, who, being duly sworn, did execute the foregoing affi	Personally known, who, being duly sworn, did execute the foregoing affidavit and did so as her or his free act and deed.
2	ROB = Resident Owned Business Concerns									In Witnes	In Witness whereof, I ho	In Witness whereof, I hereunto set my hau	In Witness whereof, I hereunto set my hand and official se	In Witness whereof, I hereunto set my hand and official seal:	In Witness whereof, I hereunto set my hand and official seal:
Re	Regardless of tier—a completed Self-Certification must be submitted for the General Contractor and each Subcontractor	hmitted for the Gen	aral Contracti	and such Subcontractor											

NOTARY PUBLIC SIGNATURE

My commission expires

^{**}Please supply a copy of liscence of each trade classifiacion relevant to the Projet.