

**Office of Diversity, Equity and Opportunity (ODEO)**  
**MBE Compliance Office**  
**1 Capitol Hill, 3<sup>rd</sup> Floor**  
**Providence, RI 02908**

**(401) 574-8670**  
[www.mbe.ri.gov](http://www.mbe.ri.gov)

Pursuant to RIGL 37-14.1 as well as the regulations promulgated thereto, the MBE Compliance Office requires that you complete the following table. Please note that these figures will be verified with the MBEs identified. If there are outstanding issues, such as retainage or a dispute, please indicate and attach supporting documentation for same. Also note that copies of invoice and cancelled checks for payment to all MBE subcontractors and suppliers are required.

**Contractor/Vendor Name:**

**Project Name & Location:**

**Original Prime Contract Amount: \$ \_\_\_\_\_ Current Prime Contract Amount: \$ \_\_\_\_\_ % Complete: \_\_\_\_\_**

<b>MBE/WBE Subcontractor</b>	<b>Original Contract Amount</b>	<b>Change Orders</b>	<b>Revised Contract Value</b>	<b>% Completed To Date</b>	<b>Amount Paid To Date</b>	<b>Amount Due</b>	<b>Retainage %</b>	<b>Retainage Amount</b>	<b>Explanation</b>

I declare, under penalty of perjury, that the information provided in this verification form and supporting documents is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Notary Certificate:

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Commission Expires