MONTHLY SMALL CONTRACTOR AND MINORITY BUSINESS ENTERPRISE PAYMENT STATUS REPORT

Month Ending _____

1) General Contractor Name
2) State Contract Number
3) State Contract Award Agency
4) Project Name
5) Estimated Completion Date _____
6) Project Value
7) Percent Completed to Date _____
   (Indicate & attach all Change Orders)
8) Actual Project Mobilization Date (MM/DD/YYYY)
9) Listing of all small contractors and minority business enterprise contractors on the project to comply with contractual small business set aside provisions:

<table>
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<tr>
<th>Company Name</th>
<th>Total Contract Amount</th>
<th>Total Payment this Month</th>
<th>Total Payment to Date</th>
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Signature of Company Official

Date of Report

Printed Name and Printed Title of Person Signing

Original to: CHRO, 450 Columbus Blvd Ste 2, Hartford CT 06103
Copies to: 1) Awarding Agency
            2) Contractor’s Company File

Form CHRO 258a (for projects less than 12 months or as directed by CHRO).