

Minority/Women Business Department

B-1: EBE Payment Compliance Report



All successful Bidders are required to submit a completed and executed copy of this EBE Payment Compliance Report each month. The form must be submitted to the Minority/Women Business Department at 1305 Muriel Street, Pittsburgh, PA 15203. Failure to submit this report in a timely manner will result in payment delays. For further clarification, please contact us at (412) 488-4661.

Prime Contractor Information

1. Company: _____ 2a. Phone: _____ 2b. Fax: _____
 3. Invoice Number from Prime Contractor to PPS: _____ 4a. Compliance Report Number: _____
 4b. Reporting Period: _____ From: _____ To: _____

Contract Information

5. Contract Number: _____ 5a. Title of Contract: _____ 5b. School: _____
 6. Contract Award Date: _____ 6a. Original Contract Amount: _____ 6b. Scheduled Date of Completion: _____
 7. EBE Goal For This Contract: _____ 7a. Committed EBE Goal: _____ 7b. Total Committed EBE Subcontract Dollars: _____
 8. Total Dollar Amount & Dates of Modifications/Change Orders to Date: _____ 9. Current Contract Amount (including Change Orders): _____
 10. Dollar Amount Paid to Date to Prime by PPS: _____ 11. % of Contract Completed to Date: _____

12. Name of EBE Firm(s) List each EBE (MBE/WBE/DBE) firm that you plan to use on this project. Substitution or removal of EBE firms identified on your bid documents must be approved by the Pittsburgh Public Schools Minority/Women Business Department prior to finalization.	13. \$ Amount Paid to EBE for this Invoice	14. Functions Performed by EBE Firm	15. EBE Invoice # (You may List more than One)	16. Date of Check made Payable to EBE	17. Committed Dollar Amount to EBE (at Time of Contract Award)	18. Check # made Payable to EBE	19. Dollar Amount Paid to Date to EBE	20. Balance Due to EBE Sub (Including Change Orders)

Print Name of Company Official: _____ Title of Company Official: _____ Email: _____

We may at any time during the life of this project, and for three years after it ends, request documented proof of payments made to EBE firms. Documented proof includes but is not limited to copies: of the front and back of cancelled checks and all related invoices.



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How to Complete the EBE Payment Compliance Report



The Payment Compliance Report is to be filled out by the Prime Contractor and submitted with each invoice. The instructions below correspond to each item on the report.

1a. Invoice No.

Fill in the invoice number from the EBE firm(s) accompanying this report.

1b. Report No.

Fill in the number of the report you are sending in sequence. For example: If this is the second invoice you are submitting, you are sending in Report No. 2.

1c. Reporting Period

This is to be filled in to state the period of time you are reporting. Example: From: April 1, 1991 To: April 30, 1991.

2. Pittsburgh Public Schools (PPS) Contract Number

Fill in the contract number assigned to your project by PPS.

3a. Date of Contract Award

Fill in the date contract was executed by both you and PPS.

3b. Scheduled Date of Completion

Fill in completion date of contract as written in contract.

4. Original Contract Amount

Fill in dollar amount of original contract agreed upon by you and PPS.

5. Title of Contract

Designate the name of contract that has been awarded your company by PPS.

6. EBE Participation Goal

Fill in the percentage of the PPS established EBE participation goal on the contract.

7. Committed EBE Participation

Fill in the percentage of EBE participation you committed to obtain in the contract.

8a. Contractor's Business Name

Fill in your company's name.

8b. Contractor's Address and Telephone Number

Fill in your company's address and telephone number.

9. Total Dollar Amount and Dates of Change Orders, Amendments, and/or Modifications

Fill in dollar amount of any executed modifications and or change orders to the original contract dollar amount agreed upon by PPS. Include dates those modifications were executed.

10. Current Amended Contract Amount and Date

Fill in dollar amount of original contract plus/minus the dollar amount agreed upon at a later date as a result of contract modifications, if applicable. Include date modification was executed.

11. Total Amount Received to Date by Prime

Fill in the dollar amount you have received from PPS to-date.

12. Percentage of the Contract Completed to Date

Fill in the percentage of the work required by contract that has been completed to date.

13. Name of EBE Firm Subcontractors

Name all EBE subcontractors. (Use additional sheets as necessary.)

14. Dollar Amount Paid to each EBE this Period and Date

State the amount and date of payment made to each EBE subcontractor during this period. Submit evidence of payment, i.e., cancelled check, check register, PPS EBE verification form etc. (based on previous invoices)

15. Subcontract Value (Dollars)

State the committed dollar value to the EBE subcontractor for the duration of the contract.

16. Total Amount Paid-to-Date (Dollars)

Add all amounts paid to each EBE subcontractor to date.

17. Description of Work

State the work performed by the EBE subcontractor.

18. Amount of This Invoice Allocated to the EBE Subcontractor

Fill in how much of this invoice will be paid to each EBE subcontractor after you are paid.

