

**The Banks – Phase 1 – Public Infrastructure Development Parking Garage and Street Grid
Subcontractor Monthly Business Utilization Report**

Contractor/Consultant's Name:	Approved Contract Value \$:	Contract #:	Project #:
Date Submitted:	Reporting Dates: From	To	Pay Application #:
Contact Person:	Business Status: (Circle all that apply) * Banks SBE MBE WBE		
Contractor/Consultant's Address:	Federal Tax ID (FTID) Number:		
Contractor/Consultant's City/State/Zip:			County:
Telephone Number:	Email:		
Trade Contract Description:			

Subcontractor Reporting

List All Subcontractors (Name of Subcontractor, Name of Contact Person, Street Address, Zip, Phone #, Email)	Business Type (*SBE/MBE/WBE) Indicate All That Apply	Federal Tax ID #	Description of Work	Original Subcontract Amount	Total Authorized Change Order Amount To Date	Total Amount Paid to Date	\$ Amount To Be Paid for the Period	Subcontract Pay Application # (Include F if final payment)

* Banks SBE – SBE certified for the Banks Project by the City of Cincinnati

The undersigned certifies that the information recorded above is correct, and that each of the representations set forth above is true. The undersigned further acknowledges that any misrepresentation hereon may result in termination of contract and/or prosecution under applicable Federal and State laws concerning false statements and false claims.

Contractor / Consultant's Representative: _____
Signature Title Date

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INSTRUCTIONS

Form 2005

Subcontractor Monthly Business Utilization Report

Below are instructions explaining how to complete Form 2005. This form is to be completed in its entirety by each prime contractor, signed and dated by a responsible official of the company, and submitted with each payment application. If these requirements are not met, your payment application will be delayed.

Contractor / Consultant's Name	Indicate the Contractor/Consultant that is paying subcontractors
Approved Contract Value \$	Indicate the approved contract value dollars includes authorized change order amounts
Contract #	Indicate contract number issued by the Hamilton County
Project #	Indicate the official project number for this Banks contract.
Date Submitted	Indicate the date form is being submitted
Reporting Dates	Indicate the time period covered by this report
Pay Application #	Indicate the Contractor's/Consultant's pay application number
Business Status	Indicate the Contractor's /Consultant's business status. Circle all that apply - * Banks SBE, MBE, and /or WBE
Contact Person	Indicate the Contractor's/Consultant's contact person responsible for completing this form
Federal Tax ID (FTID) Number	Indicate Federal Tax Identification or Social Security Number
Contractor/Consultant's Address:	Indicate the address of the Contractor/Consultant's submitting the form
City/State/Zip:	Indicate the city, state and zip of the Contractor's address submitting the form
County	Indicate the County of Contractor/Consultant's business address
Telephone Number	Indicate telephone number of Contractor's/Consultant's authorized representative completing the form
Email	Indicate Email of Contractor's/Consultant's authorized representative completing the form
Trade Contract Description	Indicate description of the Contractor's/Consultant's work on this project
List All Subcontractors	Indicate all Subcontractor names, name of contract person, full address, telephone and email information
Business Type	Indicate Subcontractor's Business Type; List all that apply for each Subcontractor, if none write "N/A"
Federal Tax ID #	Indicate Subcontractor's Federal Tax ID Number of Social Security Number
Description of Work	Indicate description of the Subcontractor's work on this contract
Original Subcontract Amount	Indicate the original amount of the Subcontract
Total Authorized Change Order Amount to Date	Indicate Subcontractor's total authorized change orders to date
Total Amount Paid to Date	Indicate total Subcontractor amount paid to date. Add the amounts paid for each period to equal the amount paid to date
\$ Amount To Be Paid for the Period	Indicate current amount to be compensated or become due for the period
Subcontract Pay Application #	
(Include F if final payment):	Indicate Subcontractor's Pay Application number. Include "F" if this represents the final payment
Contractor/Consultant's Representative	Indicate signature and title of Subcontractor's authorized representative
Date	Indicate date the form is signed.