QUARTERLY SMALL CONTRACTOR AND
MINORITY BUSINESS ENTERPRISE
PAYMENT STATUS REPORT

Quarter Ending _____

1) General Contractor Name

2) State Contract Number

3) State Contract Award Agency

4) Project Name 5) Estimated Completion Date ____

6) Project Value (Include all change orders) 7) Percent Completed to Date ____

8) Listing of all small contractors and minority business enterprise contractors on the project to comply with contractual small business set aside provisions:

Company Name	Total Contract Amount (Include all change orders)	Total Payment this Month	Total Payment to Date

_____ _____
Signature of Company Official Date of Report

Original to: 1) CHRO, 21 Grand Street, Hartford, CT 06106
Copies to: 2) Awarding Agency
3) Contractor's Company File

Form CHRO 258- Revised April 2009