

CHAPTER 14B CMD ATTACHMENT 1 Construction Contracts

FORM 8: CMD EXIT REPORT AND AFFIDAVIT

Prime Contractor must complete and sign Sections 1 and 4 of this form for each LBE subcontractor/supplier/trucker (including each lower-tier LBE). <u>All LBEs must complete and sign Sections 2 and 3 of this form.</u> Please be sure to keep a copy of your outreach/delivery efforts (e.g., email, USPS certified mail, etc.) to the LBE sub(s). These forms should be submitted to the Contract Awarding Authority and CMD with the final progress payment request if the Contract has an LBE sub participation requirement.

TO: Resident Engineer Inspector	COP	Y: CMD Contract Compliance O	<u>fficer</u>		
FROM (Contractor):	Date Transmitte	ed:			
ECTION 1.					
Please check this box if there are no LBE subc	contractors/suppliers	or this Contract.			
Please check this box if the LBE sub fails to co	omplete and sign this	form within 5 business days (s	ee Section 3).		
Reporting Date:	porting Date: Contract Name:				
Name of LBE:	Portion	Portion of Work (Trade):			
Original LBE Contract Amount:	\$	\$			
Change Orders, Amendments, Modifications:	\$				
Final LBE Contract Amount:	\$				
Amount of Progress Payments Paid to Date:	\$				
SECTION 2. Please check one: I did NOT subcontract out ANY portion of our	work to another subc	ontractor.			
☐ I DID subcontract out our work to:					
Name of Firm: Name of Firm:		Amount Subcontracted: Amount Subcontracted:	\$		
		-			
SECTION 3.					
o be completed/signed by the LBE subcontractor/sup	oplier/trucker:				
☐ I agree with the above completed Section 1.					
☐ I disagree with the above completed Section 1					
f "I disagree" is checked above, please explain. LBE s his form from the Prime Contractor. If the LBE sub fa his under Section 1 of this form and submit the form	ails to submit the form	within 5 business days, the F			
Owner/Authorized Representative (Signature)	Name and Title (Print)				
Firm Name	Telephone	Email	Date		
v 07/01/22	CMD8-1	CME	Exit Report and Affidavit		

CITY AND COUNTY OF SAN FRANCISCO CONTRACT MONITORING DIVISION



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If this form is submitted without the LBE's signature, the Prime Contractor must enclose verification of delivery of this form to the LBE.

I declare, under penalty of perjury under the laws of the State of California, that the information contained in Section 1 of this form is complete, that the tabulated amounts paid to date are accurate and correct, and that the tabulated amounts owing will be paid within three (3) days after receipt of the City's final payment under the Contract.

Owner/Authorized Representative (Signature)					
	Name and Title (Print)				
Firm Name					
Telephone	 Email	Date			