## **OEBO SCHEDULE 3** SUBCONTRACTOR ACTIVITY FORM

SUBCONTRACTOR ACTIVITY FOR MONTH ENDING \_\_\_\_\_\_ PROJECT #: \_\_\_\_\_

PRIME CONTRACTOR NAME

PROJECT SUPERVISOR

Schedule 3 is used to show the monthly payment activity for work performed by each Subcontractor on the project and in conformity with the Subcontractor(s) submitted on Schedule 2. It also shows approved change orders as they impact all Subcontractors. Schedule 3 is to be submitted by the Prime Contractor with each payment request to Palm Beach County. In the Subcontracting Information section, list the name(s) of each Subcontractor, including each S/M/WBE subcontractor on the project and the total contracted amount for each Subcontractor on the project. As the project proceeds, please complete each column under the Subcontractor Information section. If a subcontractor is an S/M/WBE, please check the appropriate categories applicable.

| SUBCONTRACTING INFORMATION  |                             |                              |                               |                                 |                                    |   |                         |                                | Subcontractor Category (check all applicable) |       |          |       |           |                              |  |
|-----------------------------|-----------------------------|------------------------------|-------------------------------|---------------------------------|------------------------------------|---|-------------------------|--------------------------------|---|-------|----------|-------|-----------|------------------------------|--|
| Name of<br>Subcontractor(s) | Total<br>Contract<br>Amount | Approved<br>Change<br>Orders | Revised<br>Contract<br>Amount | Amount<br>drawn for<br>Sub this | Amount<br>drawn for<br>Sub to Date | Amount Paid<br>to Date for<br>Subcontractor | Actual<br>Starting Date | Minority/<br>Women<br>Business | Small<br>Business                             | Black | Hispanic | Women | Caucasian | Other<br>(Please<br>Specify) |  |
|                             |                             |                              |                               | Period                          |                                    |   |                         | (√)                            | (√)   | (√)   | (√)      | (√)   | (√)       | (√)                          |  |
|                             |                             |                              |                               |                                 |                                    |   |                         |                                |   |       |          |       |           |                              |  |
|                             |                             |                              |                               |                                 |                                    |   |                         |                                |   |       |          |       |           |                              |  |
|                             |                             |                              |                               |                                 |                                    |   |                         |                                |   |       |          |       |           |                              |  |
|                             |                             |                              |                               |                                 |                                    |   |                         |                                |   |       |          |       |           |                              |  |
|                             |                             |                              |                               |                                 |                                    |   |                         |                                |   |       |          |       |           |                              |  |
|                             |                             |                              |                               |                                 |                                    |   |                         |                                |   |       |          |       |           |                              |  |
|                             |                             |                              |                               |                                 |                                    |   |                         |                                |   |       |          |       |           |                              |  |
|                             |                             |                              |                               |                                 |                                    |   |                         |                                |   |       |          |       |           |                              |  |

I hereby certify that the above information is accurate to the best of my knowledge \_\_\_\_\_

(Signature)

(Title)

Additional Sheets May Be Used As Necessary

Firms may be certified as an SBE and/or an M/WBE. If firms are certified as both an SBE and M/WBE, the dollar amount NOTE: will not be counted twice.