



**Instructions for Completing the
CONSULTANT’S CUMULATIVE MONTHLY PAYMENT STATEMENT (Form BDC 58.1)**

The Cumulative Monthly Payment Statement (Form BDC 58.1) is to be completed by the Consultant, signed by the firm’s Compliance Officer and submitted by the 10th of each month for the duration of the contract. This form should include **all payments** made to your Subconsultants or Suppliers including any MWBE tiered subs.

- Goals Indicate MBE and WBE participation goals.
- Reporting Period Indicate month and year of reporting period. One copy must be submitted with final payment application.
- Federal ID No. Provide Federal ID No. of Consultant. If Federal ID No. has not been assigned, provide Social Security No. of firm’s owner.
- Project No. Indicate OGS Project No.
- Firm Name and Address Provide the Name and Address of all Subconsultants or Suppliers assigned on this contract.
- Federal ID No. Provide Federal ID No. of Subconsultant or Supplier. If Federal ID No. has not been assigned, provide Social Security No. of firm’s owner.
- Payment This Month Indicate amount paid this month to each Subconsultant or Supplier. If there was no income activity for a Subconsultant or Supplier, please indicate that by checking the box. Please check box for any tiered subconsultant relationship.
- Contract Amount Indicate total contract amount or purchase agreement(s) for each Subconsultant or Supplier.

Submit To:

NYS Office of General Services
Design and Construction
Office of Business Diversity
GNARESP, Corning Tower, 29th Floor
Albany, NY 12242

Phone: (518) 486-9284
Fax: (518) 486-9285