

# Supplemental Requirements Instructions

## Submitting Supplemental Requirements

- Capital Projects in excess of **\$2,000,000.00**
- “Supplemental Requirement Quarterly Form” to be filled out by contractors **quarterly**
- Supplemental Requirements Quarterly Form must be emailed to [PurchasingConstruction@asu.edu](mailto:PurchasingConstruction@asu.edu) no later than the dates below:
  - Q1 - July to September
    - **Submitted by October 31**
  - Q2 - October to December
    - **Submitted by January 31**
  - Q3 - January to March
    - **Submitted by April 30**
  - Q4 - April to June
    - **Submitted by July 31**

## Supplemental Requirements Quarterly Form

|    | A   | B                                  | C                                     | D                    | E                 | F          | G                   | H  | I  | J  | K  | L  | M  | N  | O   | P                                   |
|----|---|------------------------------------|---------------------------------------|----------------------|-------------------|------------|---------------------|--|--|--|--|--|--|--|---|-------------------------------------|
| 1  | CMAR Supplemental Provisions for Capital Projects Whether New or Renovations Over \$2,000,000.00 Sample Spreadsheet |                                    |                                       |                      |                   |            |                     |  |  |  |  |  |  |  |   |                                     |
| 2  | Contractor:   | Contractor Name                    |                                       |                      |                   |            |                     |  |  |  |  |  |  |  |   |                                     |
| 3  | Project Name:   | ASU Project Name                   | Project Total Cost:                   | Update every quarter |                   |            | Submission for Q1:  | Q1 Oct-Dec                                 | Q2 Jan-Mar                                   | Q3 Apr-June  | Q4 July-Sept                                       |  |  |  |   |                                     |
| 4  | Project Number:   | ASU Project Number                 | Project Total Cost To Date:           | Update every quarter |                   |            | "X" the quarter     |  |  |  |  |  |  |  |   |                                     |
| 5  |   |                                    |                                       |                      |                   |            |                     |  |  |  |  |  |  |  |   |                                     |
| 6  | Primary Vendor:   | (CMAR)                             |                                       |                      |                   |            |                     |  |  |  |  |  |  |  |   |                                     |
| 7  |   |                                    |                                       |                      |                   |            |                     |  |  |  |  |  |  |  |   |                                     |
| 8  | Sub and Supplier Information  |                                    |                                       |                      |                   |            |                     | Small / Diverse Business Classification(s) |  |  |  |  |  |  |   |                                     |
| 9  | New Supplier or Sub (Enter X in Box)  | CMAR or Sub-Contractor or Supplier | Address                               | Firm Contact         | Firm Phone Number | Trade      | Amount Paid Quarter | Small Business (Enter X in the cell)       | Arizona Small Business (Enter X in the cell) | Firm is not a Small Business (Enter X in the cell) | Firm is not a Diversity Firm (Enter X in the cell) | Minority Business Enterprise (MBE) (Enter X in the cell) | Women Minority Business Enterprise (WBE) (Enter X in the cell) | Disadvantaged Minority Business Enterprise (DBE) (Enter X in the cell) | Veteran Owned-Serviced Disabled (Enter X in the cell) | Veteran Owned (Enter X in the cell) |
| 10 | X   | EXAMPLE XYZ Contracting            | 123 Four Way Street My Town, AZ 85333 | Sam Taylor           | 480-111-1111      | Mechanical | \$10,500            | X  | X  |  |  | X  |  |  |   |                                     |
| 11 |   |                                    |                                       |                      |                   |            |                     |  |  |  |  |  |  |  |   |                                     |
| 12 |   |                                    |                                       |                      |                   |            |                     |  |  |  |  |  |  |  |   |                                     |

- In the top portion of the form, fill in all yellow highlighted sections and “X” the time frame for the data being submitted (Q1, Q2, Q3, or Q4)
- In the Sub and Supplier Information section, fill in sub/supplier information from columns A-G. Then use columns H-P to identify the small and/or diverse business classification with an “X”
- Hover over the red triangles for more information on small and diverse business classifications

|                                      |  |  |  |  |   |   |   |                                     |
|--------------------------------------|--|--|--|--|---|---|---|-------------------------------------|
| Small Business (Enter X in the cell) | Arizona Small Business (Enter X in the cell) | Firm is not a Small Business (Enter X in the cell) | Firm is not a Diversity Firm (Enter X in the cell) | Minority Business Enterprise (MBE) (Enter X in the cell) | Women Business Enterprise (WBE) (Enter X in the cell) | Danielle Van Vleet:<br>Ownership is at least 51% owned by women |   |                                     |
|                                      |  |  |  |  |   | Business Enterprise (DBE) (Enter X in the cell)                 | Veteran Owned-Serviced Disabled (Enter X in the cell) | Veteran Owned (Enter X in the cell) |