RFP/Q ATTACHMENT 2 (Services)

MBE/WBE COMPLIANCE REPORT LMDC NON-CONSTRUCTION CONTRACT

(to be filed quarterly)

PROJECT SPONSOR/DEVELOPER:						
ADDRESS: TELEPHONE: CONTACT PERSON:			PROJECT NAM	E:		
			PROJECT START DATE:		PERCENT COMPLETE:	
					ACTUAL COMPLETION:	
TOTAL NUMBER OF SUBCONTRACTORS:		Attac	ch M/WBE contract docu	umentation, i.e. executed contracts, signed purchase orc	rders or canceled checks.	
TOTAL DOLLAR AMOUNT OF SUBCONTRAC	CTS:	This	report should be comp documentation.	oleted by an officer of the reporting company, and for	rwarded to the LMDC Project Man	nager with the appropriate
PRIME CONTRACTOR (Name, Address, Contact Person & Phone)	TYPE OF CONTRACT (Trade/Service)	CONTRACT AMOUNT	M/WBE SUBCONTRACT DATE	MBE/WBE SUBCONSULTANT (Name, Address, Contact Person & Phone)	SCOPE OF SERVICES	AMOUNT CONTRACTED TO MBE/WBE
CERTIFICATION: I, my knowledge, information and belief the info	ormation contained herein	(Print Name is complete and ac	e), the	(Title), do certify	that (i) I have read this Compliance l	Report and (ii) to the best of
SIGNATURE			DATE			