## SCHEDULE C, Attachment C-2

## MBE/WBE COMPLIANCE REPORT

CONSTRUCTION
(to be filed monthly)

PROJECT SPONSOR/DEVELOPER: ADDRESS: TELEPHONE: CONTACT PERSON:				- - P - A - A	anceled checks. This re		REPORTING PERIOD:  contracts, signed pure m officer of the report	ikase orders or ing company, and	
PRIME CONTRACTOR (Name, Address, Contact Person and Phone)		TYPE OF CONTRACT (Trade/Service)	CONTRACT Amount	SUB CONTRACTOR No. & AMT.	MBE/WBE SUBCONTRACTOR (Name, Address, Contact Person and Phone)		SCOPE OF SERVICES	AMOUNT CONTRACTED TO MBE/WBE	
CERTIFICATION:  I,									
SIGNATUREDATE									

FORWARD TO THE RESPONSIBLE LMDC PROJECT MANAGER

Lower Manhattan Development Corp.
One Liberty Plaza, 20<sup>th</sup> Floor P (212) 962-2300
New York, NY 10006 F (212) 962-2431