

MBE/WBE COMPLIANCE REPORT
LMDC NON-CONSTRUCTION CONTRACT
(to be filed quarterly)

PROJECT SPONSOR/DEVELOPER: _____

ADDRESS: _____

PROJECT NAME: _____

TELEPHONE: _____

PROJECT START DATE: _____

PERCENT COMPLETE: _____

CONTACT PERSON: _____

ACTUAL COMPLETION: _____

TOTAL NUMBER OF SUBCONTRACTORS: _____

Attach M/WBE contract documentation, i.e. executed contracts, signed purchase orders or canceled checks.

TOTAL DOLLAR AMOUNT OF SUBCONTRACTS: _____

This report should be completed by an officer of the reporting company, and forwarded to the ESD AA Representative with the appropriate documentation.

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, _____ (Print Name), the _____ (Title), do certify that (i) I have read this Compliance Report and (ii) to the best of my knowledge, information and belief the information contained herein is complete and accurate.
 SIGNATURE _____ DATE _____