QUARTERLY AND ANNUAL REPORT OF PAYMENTS TO
MBE AND WBE SUBCONTRACTORS
(Top portion to be completed by Prime Vendor, Please attach Board Report)

Date:______________________________________  Quarterly filing ☐  Annual filing ☐

Contract#: _________________  Contract Name:___________________________________________________

Contract Term:_________________________________  Is the Contract completed? YES or NO_____________

Contract Amount: $_____________________________

Change Order/Modification (+/-): $__________________________ Change order # __________________________

Contract % for M/WBE firm ____________   Dollar Amount for M/WBE firm $______________________________

I hereby affirm that I am duly authorized to represent the prime vendor as a producer of goods or services on the above
named contract.

____________________________________________________
Name of Prime Vendor

__________________________________________________    _______________________________________________
Print Name of Authorized Representative    Signature of Authorized Representative

SUBSCRIBED AND SWORN to me this_____________________ day of _____________________________, 20_____

__________________________________________________________________________________________________Notary
Public      Seal of (binding) Notary Public

(To be completed by M/WBE Firm, Please attach certification letter from Certifying Agency)

________________________________________     _________________________________
M/WBE Firm Name    MBE ☐   WBE ☐   Certifying Agency

Total Dollar Amount Received to Date: $____________________________

I hereby affirm that I am duly authorized to represent the Minority/Women Business Enterprise listed above as a
subcontractor or producer of goods or services on the above named contract.  This is a true and complete statement of
contract dollars received by the Minority/Women Business Enterprise under this contract.

_____________________________________________  _________________________________________________
Print Name of Authorized Representative   Signature of Authorized Representative

SUBSCRIBED AND SWORN to me this_____________________ day of ___________________________ __, 20_____

__________________________________________________________________________________________________Notary
Public      Seal of (binding) Notary Public

MWBE COMPLIANCE 6/19/2012