

Sample MBE/WBE Report

OMB CONTROL NO.2090-0025
APPROVED: 10/31/06
APPROVAL EXPIRES: 10/31/09

U.S. ENVIRONMENTAL PROTECTION AGENCY MBE/WBE UTILIZATION UNDER FEDERAL GRANTS, COOPERATIVE AGREEMENTS, AND INTERAGENCY AGREEMENTS

PART 1. (Reports are required even if no procurements are made during the reporting period.)

1A. FEDERAL FISCAL YEAR For this Report 200 _____		1B. REPORTING PERIOD (Check ALL appropriate boxes) Quarterly for Superfund Annual for all others <input type="checkbox"/> 1 st (Oct-Dec) <input type="checkbox"/> 2 nd (Jan-Mar) <input type="checkbox"/> 3 rd (Apr-Jun) <input type="checkbox"/> 4 th (Jul-Sep) <input type="checkbox"/> Annual <input type="checkbox"/> Check if this is the last report for the project (Project completed). ← Self Explanatory																			
1C. REVISION OF A PRIOR REPORT? Y or N For changes to previous Year: _____ Quarter: _____ Reports		BRIEFLY DESCRIBE THE REVISIONS YOU ARE MAKING: Self Explanatory																			
2A. EPA FINANCIAL ASSISTANCE OFFICE ADDRESS (ATTN: DBE Coordinator) Grants Management Office U.S. EPA Region 9 75 Hawthorne St. (MTS-7) San Francisco, CA 94105		3A. RECIPIENT NAME AND ADDRESS Name of Tribe submitting this report																			
2B. EPA DBE COORDINATOR Name: Joe Ochab E-mail: ochab.joe@epa.gov	2C. PHONE: (415) 912-3761 Fax: (415) 447-3556	3B. RECIPIENT REPORTING CONTACT: Person responsible for Name: completing this report at Tribe E-mail: self explanatory	3C. PHONE: Tribal Contact's phone and Fax number																		
4A. FINANCIAL ASSISTANCE AGREEMENT ID NUMBER (SRF State Recipients, refer to Instructions for Completion of blocks 4A, 5A and 5C.) Grant ID number. for example: GA-98912301-0		4B. FEDERAL FINANCIAL ASSISTANCE PROGRAM TITLE or CFDA NUMBER: for example: General Assistance Program																			
5A. TOTAL ASSISTANCE AGREEMENT AMOUNT (SRF State Recipients, refer to Instructions for Completion of blocks 4A, 5A and 5C.) EPA Share: \$ EPA award amount on grant Recipient Share: \$ Tribal Match		5B. If NO procurement and NO accomplishments were made this reporting period, check and skip to Block No. 7. (Procurements are all expenditures through contract, order, purchase, lease or barter of supplies, equipment, construction, or services needed to complete Federal assistance programs. Accomplishments, in this context, are procurements made with MBEs and/or WBEs. Only check and skip to block 7 IF your Tribe, your subgrantees, and your <input type="checkbox"/> Primes expended NO procurement dollars for this reporting period (including Non-MBE/WBE procurement also)																			
5C. Total Procurement and MBE/WBE Accomplishments This Reporting Period (Only include amount not reported in any prior reporting period) ✓ Self explanatory Were sub-awards issued under this assistance agreement? Yes _____ No _____ Were contracts issued under this assistance agreement? Yes _____ No _____ Total Procurement Amount \$ Actual Contracts or _____ (Include total dollar values awarded by recipient, sub-recipients and SRF loan recipients.) Procurements for this reporting period; includes non-MBE/WBE Procurement also. Actual MBE/WBE Procurement Accomplished: (Include total dollar values awarded by recipient, sub-recipients, SRF loan recipients and Prime Contractors.) Include combined amount spent in each category (and totals)																					
<table border="1"> <thead> <tr> <th></th> <th>Construction</th> <th>Equipment</th> <th>Services</th> <th>Supplies</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>\$MBE:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>\$WBE:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>					Construction	Equipment	Services	Supplies	Total	\$MBE:	_____	_____	_____	_____	_____	\$WBE:	_____	_____	_____	_____	_____
	Construction	Equipment	Services	Supplies	Total																
\$MBE:	_____	_____	_____	_____	_____																
\$WBE:	_____	_____	_____	_____	_____																
6. COMMENTS: (If no MBE/WBE procurements were accomplished during the reporting period, please explain what steps you are taking to achieve the MBE/WBE Program requirements specified in the terms and conditions of the Assistance Agreement.) Self explanatory																					
7. NAME OF RECIPIENT'S AUTHORIZED REPRESENTATIVE Person authorized at Tribe		TITLE																			
8. SIGNATURE OF RECIPIENT'S AUTHORIZED REPRESENTATIVE		DATE																			

Tribes Prime Contractor or Supplier

Type of product or service codes:

1 = Construction 2 = Supplies 3 = Services 4 = Equipment

Note: Refer to Terms and conditions of your Assistance Agreement to determine the frequency of reporting. Recipients are required to submit MBE/WBE reports to EPA beginning with the Federal fiscal year quarter the recipients receive the award, continuing until the project is completed.

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