RFP/Q ATTACHMENT 2

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 purchas			e orders or canceled checks.		
TOTAL DOLLAR AMOUNT OF SUBCONTRAC	TTS:	This	report should be comp documentation.	pleted by an officer of the reporting company, and	forwarded to the ESD AA Represen	tative 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:	•	(Print Name),		(Title), do certify that	at (i) I have read this Compliance Rep	ort and (ii) to the best of my
knowledge, information and belief the inform		•	rate.		_	
SIGNATURE DATE						