RFP/Q ATTACHMENT 2 (Services)

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 o			lers or canceled checks.		
TOTAL DOLLAR AMOUNT OF SUBCONTRACTS:		This report should be completed by an officer of the reporting company, and fo documentation.			led to the LMDC Project Ma	nager 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: I,	on contained herein is	(Print Name), t	he	(Title), do certify that (i) I h	ave read this Compliance Rep	ort and (ii) to the best of my
SIGNATURE		•	DATE			