SCHEDULE C - ATTACHMENT C-2

MBE/WBE COMPLIANCE REPORT LMDC NON-CONSTRUCTION CONTRACT

(to be filed quarterly)

PROJECT SPONSOR/DEVELOPER: Lower Manha	attan Development Corp	<u>b.</u> LMD	C AA OFFICER/REPR	ESENTATIVE: BEVERLY BOBB		
ADDRESS: One Liberty Plaza, 20th Fl., New York, NY 10006		PROJECT NAME:				
TELEPHONE: (212) 962-2300 FAX: (212) 962-2431		PROJECT START DATE:			PERCENT COMPLETE:	
LMDC PROJECT MANAGER:	REPORTING PERIOD:			ACTUAL COMPLETION:		
TOTAL NUMBER OF SUBCONTRACTORS:		Attach M/WBE contract documentation, i.e. executed contracts, signed purchase of			rders 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, knowledge, information and belief the informat		(Print Name), the complete and accurate	erate.	(Title), do certify that: (i) I	have read this Compliance Repo	ort, and (ii) to the best of my
SIGNATURE			DATE	COMPANY NAM	NY NAME	

FORWARD REPORT BY MAIL AND FAX (212-962-2431) TO THE ATTENTIONS OF THE RESPONSIBLE LMDC PROJECT MANAGER AND LMDC AA OFFICER/REPRESENTATIVE (NAMES AND CONTACT INFORMATION IDENTIFIED ABOVE).