

MINORITY BUSINESS ENTERPRISE UTILIZATION PLAN

(TO BE SUBMITTED WITH BID)

BID PROPOSAL NUMBER

MBE'S NAME, ADDRESS,
PHONE & PRINCIPAL

WORK CATEGORY
(FOLLOW SPECIFICATION FORMAT)

PREVIOUS CERTIFICATIONS
(STATE, COUNTY, FEDERAL, ETC.)

PROJECTED SUBCONTRACT
AMOUNT

SIGNATURE OF AUTHORIZED REPRESENTATIVE

TITLE

TOTAL CONTRACT AMOUNT - \$

TOTAL MBE SUB-CONTRACTING - \$

GENERAL CONTRACTOR/PHONE NO.

DATE

% MBE PARTICIPATION - \$

CONTRACT NO. _____

MONTHLY MINORITY BUSINESS ENTERPRISE UTILIZATION REPORT

(TO BE SUBMITTED MONTHLY)

1. I certify that the MBE Utilization Schedule dated _____ for this contract is correct and no deviations have occurred or are anticipated to occur.

A. Monthly MBE Activity

MBE Subcontractors/Suppliers

NAME	TYPE OF WORK	MINORITY STATUS	MBE CUMULATIVE DOLLARS PAID	MBE PLANNED EXPENDITURES	%TOTAL CONTRACT VALUE	TOTAL CONTRACT \$ PAID

CONTRACTOR: _____

_____ **TOTALS** _____ **TOTALS** _____ **TOTALS** _____ **TOTALS**

_____ **SIGNATURE OF AUTHORIZED REPRESENTATIVE** _____ **TITLE** _____ **DATE**

ESTIMATED PROJECT WORK FORCE BREAKDOWN

JOB CATEGORY	TOTAL ESTIMATED POSITIONS NEEDED FOR PROJECT	NUMBER POSITIONS OCCUPIED BY PERMANENT EMPLOYEES	NUMBER OF POSITIONS NOT OCCUPIED	NUMBER OF POSITIONS TO BE FILLED WITH SECTION 3 RESIDENTS
Officer/Supervisor				
Professionals				
Technical				
Hsg. Sales/Rental Management				
Office/Clerical				
Service Workers				
Others				
TRADE:				
Journeyman				
Helpers				
Apprentices				
Trainees				
Others				
TRADE:				
Journeyman				
Helpers				
Apprentices				
Trainees				
Others				

Section 3 Resident

Individual residing within the Section 3 area whose family income does not exceed 90% of the median income in the Metropolitan Statistical Area or the County if not within a MSA in which the Section 3 covered project is located.

Company

Project Name

Project Number

Person Completing Form

Date

PROPOSED CONTRACTS/SUBCONTRACTS BREAKDOWN

TYPE OF CONTRACT (Business or Professional)	TOTAL NO.	TOTAL APPROX. DOLLAR AMOUNT	ESTIMATED NO. OF CONTRACTS TO SECTION 3 BUSINESSES	ESTIMATED DOLLAR AMOUNT TO SECTION 3 BUSINESSES

 Company

 Project Name

 Project Number

 Person Completing Form

 Date

ACTUAL PROJECT WORKFORCE BREAKDOWN

TYPE OF CONTRACT (Business or Professional)	TOTAL NO.	TOTAL APPROX. DOLLAR AMOUNT	ESTIMATED NO. OF CONTRACTS TO SECTION 3 BUSINESSES	ESTIMATED DOLLAR AMOUNT TO SECTION 3 BUSINESSES

Company

Project Name

Project Number

Person Completing Form

Date

SECTION 3 BUSINESS UTILIZATION

Project Number: District Heights CARE, PY 33 Reprogramming Total Dollar Amount of Contract: \$400,000 CDBG of \$982,837

Name of Prime Contractor: John L. Mattingly Construction Address: 4445 Crain Hwy., White Plains, MD 20695 Federal Identification No.: 521239625

NAME OF SUBCONTRACTOR	SECT. 3 BANK*	ADDRESS AND PHONE NO.	TRADE/SERVICE OR SUPPLY	CONTRACT AMOUNT	AWARD DATE	COMPETITIVE OR NEGOTIATED NO.	FEDERAL IDENTIFICATION NO.

**Check if a Section 3 business concern*

TOTAL DOLLAR AMOUNT AWARDED TO SECTION 3 BUSINESS \$175,000

Section 3 Business Concern

A business concern which is located in or owned in substantial part (at least 81%) by persons residing in the same metropolitan area or non-metropolitan county as the project.