

US EPA ARCHIVE DOCUMENT

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

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

1A. FEDERAL FISCAL YEAR (Oct. 1-Sep 30) 20____ This year's report	1B. REPORTING PERIOD (Check ALL appropriate boxes) <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"/> Semi-Annual (Oct-Mar) <input type="checkbox"/> Semi-Annual (Apr-Sep) <input type="checkbox"/> Annual <input type="checkbox"/> Check if this is the last report for the project (Project completed). Please read the MBE/WBE reporting terms & conditions in the grant agreement.												
1C. REVISION OF A PRIOR REPORT? Y or N Year: _____ Quarter: _____	BRIEFLY DESCRIBE THE REVISIONS YOU ARE MAKING:												
2A. EPA FINANCIAL ASSISTANCE OFFICE ADDRESS (ATTN: DBE Coordinator) ATTN: GrantsRegion9@epa.gov	3A. RECIPIENT NAME AND ADDRESS Grant Recipient's Name/Organization/Address												
2B. EPA DBE COORDINATOR Name: Joe Ochab E-mail: Ochab.Joe@epa.gov	2C. PHONE: (415) 972-3697 Fax: (415) 947-3556	3B. RECIPIENT REPORTING CONTACT: Name: Name of Person Assigned to Complete MBE/WBE Report E-mail: _____	3C. PHONE: The recipient's MBE/WBE contact										
4A. FINANCIAL ASSISTANCE AGREEMENT ID NUMBER <small>(SRF State Recipients, refer to 4A, 5A and 5C.)</small> e.g., GA-00T66601-0	4B. FEDERAL FINANCIAL ASSISTANCE PROGRAM TITLE or CFDA NUMBER: General Assistance Program (GAP)												
5A. TOTAL ASSISTANCE AGREEMENT AMOUNT <small>(SRF State Recipients, refer to Instructions for Completion of blocks 4A, 5A and 5C.)</small> EPA Share: \$ EPA award amount Recipient Share: \$ Tribal match	5B. If NO procurement and NO accomplishments were made this reporting period (by the recipients, sub-recipients, loan recipients, and prime contractors), CHECK and SKIP to Block No. 7. (Procurements are all expenditures for supplies, equipment, construction, or service programs. Accomplishments, in this context, are all accomplishments.) <input type="checkbox"/> Check box if no costs were incurred on procurement during this reporting period.												
5C. Total Procurements This Reporting Period <small>(Only include amount not reported in any prior reporting period)</small> Total Procurement Amount \$ _____ <small>(Include total MBE/WBE and non-MBE/WBE expenditures.)</small> The amount entered here should include all MBE/WBE and non-MBE/WBE costs.													
5D. Were sub-awards issued under this assistance agreement? Yes <input type="checkbox"/> No <input type="checkbox"/> Were contracts issued under this assistance agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>													
5E. MBE/WBE Accomplishments This Reporting Period Actual MBE/WBE Procurement Accomplished: <small>(Include total dollar values awarded by recipient, sub-recipients, SRF loan recipients and Prime Contractors.)</small> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"></th> <th style="text-align: center; width: 15%;"><u>Construction</u></th> <th style="text-align: center; width: 15%;"><u>Equipment</u></th> <th style="text-align: center; width: 15%;"><u>Services</u></th> <th style="text-align: center; width: 15%;"><u>Supplies</u></th> <th style="text-align: center; width: 15%;"><u>Total</u></th> </tr> </thead> <tbody> <tr> <td>\$WBE:</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">0.00</td> </tr> </tbody> </table> Breakdown the Total Procurement amount by category.			<u>Construction</u>	<u>Equipment</u>	<u>Services</u>	<u>Supplies</u>	<u>Total</u>	\$WBE:	_____	_____	_____	_____	0.00
	<u>Construction</u>	<u>Equipment</u>	<u>Services</u>	<u>Supplies</u>	<u>Total</u>								
\$WBE:	_____	_____	_____	_____	0.00								
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.) Please complete this section if procurement costs were incurred this period but none were incurred for certified MBE or WBE.													
7. NAME OF RECIPIENT'S AUTHORIZED REPRESENTATIVE	TITLE												
Complete this section and sign.													
8. SIGNATURE OF RECIPIENT'S AUTHORIZED REPRESENTATIVE													

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PART

The grantee's primary contractor

MBE/WBE PROCUREMENTS MADE DURING REPORTING PERIOD
 EPA Financial Assistance Agreement Number: _____

Please type or write the grant ID #

1. Procurement Made By		2. Business Enterprise			3. \$ Value of Procurement	4. Date of Procurement MM/DD/YY	5. Type of Product or Services ^a (Enter Code)	6. Name/Address/Phone Number of MBE/WBE Contractor or Vendor
Recipient	Sub-Recipient and/or SRF Loan Recipient	Prime	Minority	Women				

Please list all certified MBE and WBE firms utilized this period.

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.
 EPA FORM 5700-52A - (Approval Expires 12/22/13)