

# Sample MBE/WBE Report

OMB CONTROL NO. 2090-0025  
APPROVED: 10/31/06  
APPROVAL EXPIRES: 10/31/09

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

### PART 1. (Reports are required even if no procurements are made during the reporting period.)

1A. FEDERAL FISCAL YEAR For this Report 200_____	1B. REPORTING PERIOD (Check ALL appropriate boxes) <i>Quarterly for Superfund Annual for all others</i> <input type="checkbox"/> 1 <sup>st</sup> (Oct-Dec) <input type="checkbox"/> 2 <sup>nd</sup> (Jan-Mar) <input type="checkbox"/> 3 <sup>rd</sup> (Apr-Jun) <input type="checkbox"/> 4 <sup>th</sup> (Jul-Sep) <input type="checkbox"/> Annual  <input type="checkbox"/> Check if this is the last report for the project (Project completed). ← <i>Self Explanatory</i>																				
1C. REVISION OF A PRIOR REPORT? Y or N <i>For changes to previous</i> Year: _____ Quarter: _____ Reports	BRIEFLY DESCRIBE THE REVISIONS YOU ARE MAKING: <i>Self Explanatory</i>																				
2A. EPA FINANCIAL ASSISTANCE OFFICE ADDRESS (ATTN: DBE Coordinator) <i>Grants Management Office U.S. EPA Region 9 75 Hawthorne St. (MTS-7) San Francisco, CA 94105</i>		3A. RECIPIENT NAME AND ADDRESS  <i>Name of tribe submitting this report</i>																			
2B. EPA DBE COORDINATOR Name: <i>Joe Ochab</i> E-mail: <i>ochab.joe@epa.gov</i>	2C. PHONE: (415) 912-3761  Fax: (415) 447-3556	3B. RECIPIENT REPORTING CONTACT: Person responsible for Name: <i>completing this report at Tribe</i> E-mail: <i>self explanatory</i>	3C. PHONE: Tribal Contact's phone and Fax number Fax:																		
4A. FINANCIAL ASSISTANCE AGREEMENT ID NUMBER (SRF State Recipients, refer to Instructions for Completion of blocks 4A, 5A and 5C.) <i>Grant ID number.</i> <i>for example: GA-98912301-0</i>		4B. FEDERAL FINANCIAL ASSISTANCE PROGRAM TITLE or CFDA NUMBER: <i>for example:</i> <i>General Assistance Program</i>																			
5A. TOTAL ASSISTANCE AGREEMENT AMOUNT (SRF State Recipients, refer to Instructions for Completion of blocks 4A, 5A and 5C.)  EPA Share: \$ <i>EPA award amount on grant</i> Recipient Share: \$ <i>Tribal Match</i>		5B. If NO procurement and NO accomplishments were made this reporting period, check and skip to Block No. 7. (Procurements are all expenditures through contract, order, purchase, lease or barter of supplies, equipment, construction, or services needed to complete Federal assistance programs. Accomplishments, in this context, are procurements made with MBEs and/or WBEs. <i>only check and skip to block 7 IF your Tribe, your subgrantees, and your</i> <input type="checkbox"/> Primes expended <i>NO procurement dollars for this reporting period (including Non-MBE/WBE procurement also)</i>																			
5C. <b>Total Procurement and MBE/WBE Accomplishments This Reporting Period</b> (Only include amount not reported in any prior reporting period) Were sub-awards issued under this assistance agreement? Yes ___ No ___ <i>Self explanatory</i> Were contracts issued under this assistance agreement? Yes ___ No ___ Total Procurement Amount \$ <i>Actual Contracts or Procurements for this reporting period; includes non-MBE/WBE Procurement also.</i> (Include total dollar values awarded by recipient, sub-recipients and SRF loan recipients.) Actual MBE/WBE Procurement Accomplished: (Include total dollar values awarded by recipient, sub-recipients, SRF loan recipients and Prime Contractors.) <i>Include combined amount spent in each category (and totals)</i> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 20%; text-align: center;"><u>Construction</u></th> <th style="width: 20%; text-align: center;"><u>Equipment</u></th> <th style="width: 20%; text-align: center;"><u>Services</u></th> <th style="width: 20%; text-align: center;"><u>Supplies</u></th> <th style="width: 5%; text-align: center;"><u>Total</u></th> </tr> </thead> <tbody> <tr> <td>\$MBE:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>\$WBE:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>					<u>Construction</u>	<u>Equipment</u>	<u>Services</u>	<u>Supplies</u>	<u>Total</u>	\$MBE:	_____	_____	_____	_____	_____	\$WBE:	_____	_____	_____	_____	_____
	<u>Construction</u>	<u>Equipment</u>	<u>Services</u>	<u>Supplies</u>	<u>Total</u>																
\$MBE:	_____	_____	_____	_____	_____																
\$WBE:	_____	_____	_____	_____	_____																
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.)  <i>Self explanatory</i>																					
7. NAME OF RECIPIENT'S AUTHORIZED REPRESENTATIVE <i>Person authorized at Tribe</i>		TITLE																			
8. SIGNATURE OF RECIPIENT'S AUTHORIZED REPRESENTATIVE		DATE																			

