

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
SAFE DRINKING WATER STATE REVOLVING FUND PROGRAM
MBE/WBE UTILIZATION
FOR COMPLIANCE WITH
FEDERAL SDWSRF FUNDING REQUIREMENTS**

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

1A. FEDERAL FISCAL YEAR <p align="center">2 0 - -</p>	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"/> Annual <input type="checkbox"/> Check if this is the last report for the project (Project completed).																				
1C. REVISION OF A PRIOR REPORT? Yes <input type="checkbox"/> No <input type="checkbox"/> Year: _____ Quarter: _____	BRIEFLY DESCRIBE THE REVISIONS YOU ARE MAKING:																				
2A. SUBMIT REPORT TO Safe Drinking Water State Revolving Fund Program MBE/WBE Coordinator (MS 7418) 1616 Capitol Ave. P.O. Box 997413 Sacramento, CA 95899-7413		3A. SDWSRF FUNDING RECIPIENT NAME AND ADDRESS 3B. SDWSRF FUNDING AGREEMENT NUMBER:																			
2B. STATE CONTACT Nadine Feletto (nadine.feletto@cdph.ca.gov)	2C. PHONE/FAX: (916) 449-5600 (916) 449-5656	3C. RECIPIENT REPORTING CONTACT: Name: E-mail:	3D. PHONE: Fax:																		
4A. TOTAL SDWSRF FUNDING ASSISTANCE AMOUNT SDWSRF LOAN \$ _____ SDWSRF GRANT : \$ _____	4B. If NO procurement and NO accomplishments were made this reporting period, check and skip to Block No. 7. (<u>Procurements</u> are all expenditures through contract, order, purchase, lease or barter of supplies, equipment, construction, or services needed to complete Federal assistance programs. <u>Accomplishments</u> , in this context, are procurements made with MBE and/or WBE firms. <div style="text-align: center;"><input type="checkbox"/></div>																				
4C. Total Procurement and MBE/WBE Accomplishments This Reporting Period (Only include amount not reported in any prior reporting period)																					
Were procurements made under this SDWSRF funding assistance during this reporting period ? Yes <input type="checkbox"/> No <input type="checkbox"/>																					
Total procurement made with SDWSRF funding assistance during this reporting period: Amount \$ _____																					
Actual MBE/WBE Accomplishment with SDWSRF funding assistance during this reporting period:																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:15%;"><u>Construction</u></th> <th style="width:15%;"><u>Equipment</u></th> <th style="width:15%;"><u>Services</u></th> <th style="width:15%;"><u>Supplies</u></th> <th style="width:15%;"><u>Total</u></th> </tr> </thead> <tbody> <tr> <td>\$MBE</td> <td align="center">\$ _____</td> <td align="center">\$ _____</td> <td align="center">\$ _____</td> <td align="center">\$ _____</td> <td align="center">\$ _____</td> </tr> <tr> <td>\$WBE</td> <td align="center">\$ _____</td> <td align="center">\$ _____</td> <td align="center">\$ _____</td> <td align="center">\$ _____</td> <td align="center">\$ _____</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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____																
5. 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.)																					
6. NAME OF RECIPIENT'S AUTHORIZED REPRESENTATIVE		TITLE																			
8. SIGNATURE OF RECIPIENT'S AUTHORIZED REPRESENTATIVE		DATE																			

**CDPH SDWSRF
MBE/WBE UTILIZATION REPORT
FOR COMPLIANCE WITH FEDERAL SDWSRF FUNDING REQUIREMENTS**

A. WATER SYSTEM NAME:	B. PROJ TITLE	C. SDWSRF LOAN NUMBER	D. CLAIMS SUBMITTED From (date): <input style="width: 80px;" type="text"/> to (date): <input style="width: 80px;" type="text"/>
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1. Procurement Made by		2. Business Enterprise		3. \$ Value of Procurement	4. Date of Award	5. Type of Product or Service (Enter Code)	6. MBE/WBE Contractor or/ Subcontractor/Vendor Firm/ Contact/Address//Phone
Water System	Contractor	Minority	Women				
							FIRM CONTACT ADDR CITY/ZIP PH:
							FIRM CONTACT ADDR CITY/ZIP PH:
							FIRM CONTACT ADDR CITY/ZIP PH:
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							FIRM CONTACT ADDR CITY/ZIP PH:

Type of product or service codes:			
1 = Construction	2 = Supplies	3 = Services	4 = Equipment

Note: Refer to Terms and conditions of your Funding e Agreement to determine the frequency of reporting. Recipients are required to submit MBE/WBE reports beginning with the Federal fiscal year quarter the recipients receive the award, continuing until the project is completed.