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New York State Education Department

**M/WBE Compliance Report for Grants**

**Project Number:**        **Project Name:**       **Grant Term:**       to

The grantee is to use this form to report spending made with **NYS Certified M/WBE firms** which have been identified for utilization on this grant. Reporting is due no later than 5 days after the project end date. The total spending for the grant must meet or exceed the amount of the M/WBE participation goal as provided on the approved **M/WBE 100 Utilization Plan.**

|  |  |  |
| --- | --- | --- |
| **Agency Name****Name:**       **Address:**      **Contact Person Information****Name:**       **Title:**      **Email:**      **Telephone:**       | **Participation Goals**Grantees should follow the recommended overall M/WBE participation goal for this grant. Any changes to M/WBE participation goals and/ or firms must be approved by the M/WBE Unit.  **Total M/WBE =** \_\_\_\_\_% $\_\_\_\_\_ **MBE =** \_\_\_\_\_% $\_\_\_\_\_ **WBE =** \_\_\_\_\_% $\_\_\_\_\_ **Please indicate M/WBE status approval**  [ ]  1 Year [ ]  Multi- Year  | **Reporting Period(s):****\_**     **\_\_\_\_\_**(Year)[ ]  July 1–Sept.30 [ ]  Oct. 1-Dec. 31[ ]  Jan. 1- March 31 [ ]  April 1-June 30**Is this a Final Report?**[ ]  Yes [ ]  No Reporting is due no later than 5 days after the project end date. |
| **NYS Certified****M/WBE Firm** | **Product code** | **Total Subcontractor Utilization Amount** | **Reporting Period****July 1–Sept.30**  | **Reporting Period****Oct. 1-Dec. 31** | **Reporting Period****Jan. 1- March 31**  | **Reporting Period****April 1-June 30** | **Total M/WBE Spending for the Year**  |
|  |  |  |  |  |  |  |
| **Name**     **Federal ID #:**       |  | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ |
| **Name**     **Federal ID #:**       |  | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ |
| **Name**     **Federal ID #:**       |  | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ |
| **Name**     **Federal ID #:**       |  | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ |
| **Total** |  | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ | $\_\_\_\_\_ |

**Comments:**

Date:\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PLEASE SUBMIT COMPLETED FORMS TO** MWBEgrants@nysed.gov

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New York State

Education Department

**M/WBE Compliance Report for Grants INSTRUCTIONS**

**PLEASE SUBMIT COMPLETED FORMS TO** MWBEgrants@nysed.gov

**(Failure to submit this form may result in non-compliance and possible hold of final payments– Completion of this form is only applicable to NYS Certified Subcontractors/Vendors)**

**CERTIFICATION:** A vendor must meet all eligibility requirements and be certified by the NYS Empire State Development Corporation.

**REQUIREMENT:** This form must be submitted yearly for the life of the grant.

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| **Agency Information** |
| **Project Number** | The project number can be obtained from the Program Manager.  |
| **Project Name** | Name of the project . |
| **Grant Term** **(Beginning and End Dates)** | The beginning and ending dates of the grant.  |
| **Organization Name/ Address; Contact Person Information** | Enter the company name and address, and include the name, title, email and telephone number of the contact person responsible for answering questions related to the information on this form.  |
| **Participation Goals** | The Grantee should enter the approved goals for the NYS Certified MBEs and/or WBEs. Please indicate if the M/WBE Participation Goalslisted and if the plan was approved for 1 year or multi-years (life of the grant.) The grantee must notify the M/WBE Unit of any changes and /or updates to M/WBE participation goals. This includes the adding or removing of M/WBE firms utilized in this grant.  |
| **Reporting Period** | Reporting period is the year for which spending activity is being reported. The M/WBE Compliance Report is due no later than 5 days after the project end date. Grantees should identify the year for which payment information is being reported.  |
| **NYS Certified M/WBE Subcontractor/Vendor Information** |
| **Name/Federal ID #** | Enter the company name and Federal ID #.  |
| **Total Subcontractor Utilization Amount** | Indicate the total amount to be spent with NYS Certified MBE and/or WBE subcontractors/suppliers as was entered on form MWBE 100-Utilization Plan. |
| **Total M/WBE Spending for the Year**  | Total payments made during the current grant year by the grantee, to the NYS Certified MBE and/or WBE suppliers/subcontractors for which spend is being reported. |
| **Date/Printed Name/ Title/ email/Signature:** | Date report is completed. The name, title, telephone number, email and signature of the contact person responsible for completing and answering questions related to the information on this form. |

**Please feel free to contact Marisa Boomhower at** Marisa.Boomhower@nysed.gov **with any questions or need for assistance.**