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**Project Number (10 digits):**        **Grant Name:**       **Grant Term (Project Begin/Project End):**       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 30 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 pre-approved by the M/WBE Unit.**Total M/WBE =** \_\_\_\_\_% $\_\_\_\_\_ **MBE =** \_\_\_\_\_% $\_\_\_\_\_ **WBE =** \_\_\_\_\_% $\_\_\_\_\_ **Please indicate M/WBE status approval** [ ]  1 Year [ ]  Multi- Year | **Reporting Period(s):****\_**     **\_\_\_\_\_**(School Year)[ ]  July 1–Sept.30 [ ]  Oct. 1-Dec. 31[ ]  Jan. 1- March 31 [ ]  April 1-June 30**Is this a Final Report?**[ ]  Yes [ ]  NoReporting is due no later than 30 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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**Requirements:**

* Only spend for NYS Certified M/WBE sub-contractors and vendors should be reported on this form.
* Federal ID # must be identified for each vendor
* This form must be submitted annually for the duration of the grant.
* Failure to submit this form, by the due date, may result in non-compliance and possible withholding of payment by NYSED.

**How to Complete the MWBE 104G:**

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| --- |
| **Agency Information** |
| **Project Number** | The project number can be obtained from the Program Manager.  |
| **Grant Name** | Name of the Grant Program |
| **Grant Term** **(Project Begin and Project 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 30 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/ E- mail & 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. |

**If you have any questions related to the completion or submission of this document, please email** **mwbegrants@nysed.gov** **for assistance.**