

SCHEDULE A-2

MBE/WBE COMPLIANCE REPORT
NON-CONSTRUCTION
(to be filed quarterly)

PROJECT SPONSOR/DEVELOPER: _____

ESD AA REPRESENTATIVE: _____

ADDRESS: _____

PROJECT NAME: _____

TELEPHONE: _____

PROJECT START DATE: _____ PERCENT COMPLETE: _____

CONTACT PERSON: _____

ACTUAL COMPLETION: _____

TOTAL NUMBER OF SUBCONTRACTORS: _____

Attach M/WBE contract documentation, i.e. executed contracts, signed purchase orders or canceled checks.

TOTAL DOLLAR AMOUNT OF SUBCONTRACTS: _____

This report should be completed by an officer of the reporting company, and forwarded to the ESD AA Representative with the appropriate documentation.

PRIME CONTRACTOR (Name, Address, Contact Person and Phone)	TYPE OF CONTRACT (Trade/Service)	CONTRACT AMOUNT	M/WBE SUBCONTRACT DATE	MBE/WBE SUBCONSULTANT (Name, Address, Contact Person and Phone)	SCOPE OF SERVICES	AMOUNT CONTRACTED TO MBE/WBE

CERTIFICATION:

I, _____ (Print Name), the _____ (Title), do certify that (i) I have read this Compliance Report and (ii) to the best of my knowledge, information and belief the information contained herein is complete and accurate.

SIGNATURE _____ DATE _____

Forward to:

Empire State Development
 Affirmative Action Unit – Helen Daniels 633 Third Avenue, New York, NY 10017-6754 , Office: (212) 803-3225 , Fax: (212) 803-3223