MWBE SUBCONTRACTOR PROJECT DETAIL REPORT

(PLEASE COMPLETE THIS FORM AND RETURN WITHIN 5 DAYS)

COMPANY NAME:			**PROJECT #**
ADDRESS:		**TOTAL DOLLAR AMOUNT AWARDED TO YOUR FIRM**	
EMAIL ADDERESS:		**PHONE:**	**FAX:**
PROJECT NAME:		**CERTIFICATION STATUS**	☐ MBE ☐ WBE ☐ MWBE

DESCRIPTION OF THE SCOPE OF SERVICES AND/OR TYPE OF MATERIALS TO BE SUPPLIED BY OUR FIRM ON THIS PROJECT	

Are you subcontracting out any portion of your project? ☐ YES ☐ NO

IF, YES COMPLETE PAGE 2 OF THE REPORT

***Please be advised that substantial amounts of sub-contracting is prohibited by the MBE Office**

I certify that the information submitted in this report is in fact true and correct to the best of my knowledge.

SIGNATURE	**TITLE**	**DATE**