# APPENDIX C, PART I

# CITY MBE/WBE UTILIZATION FORM 9

Subgrantee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Title: Community Development Block Grant Grant Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period Covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Contract Dollar Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide the following information for EACH AND EVERY vendor, both MBE/WBE and NON-MBE/WBE used on this contract. (Duplicate form if necessary.)

|  |  |
| --- | --- |
| Name of Vendor:Certification #: | Goods or services provided |
| Race/ethnicity AND sex of owner | Dollar amount  |
| Dollar amount paid to date | If amount paid to date is less than subcontract dollar amount, explain why |

|  |  |
| --- | --- |
| Name of Vendor:Certification #: | Goods or services provided |
| Race/ethnicity AND sex of owner | Dollar amount |
| Dollar amount paid to date | If amount paid to date is less than subcontract dollar amount, explain why |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared By (Print) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Title

## Rev 5/21/10