

UNIFORM REPORT OF DBE AWARDS OR COMMITMENTS AND PAYMENTS

Please refer to the Instructions sheet for directions on filling out this form

1. Submitted to (check only one):		<input type="checkbox"/> FHWA		<input type="checkbox"/> FAA		<input type="checkbox"/> FTA--Vendor Number	
2. AIP Numbers (FAA Recipients Only):							
3. Federal fiscal year in which reporting period falls:		FY		4. Date This Report Submitted:			
5. Reporting Period		<input type="checkbox"/> Report due June 1 (for period Oct. 1-Mar. 31)		<input type="checkbox"/> Report due Dec. 1 (for period April 1-Sept. 30)			
6. Name of Recipient:							
7. Annual DBE Goal(s):		Race Conscious Goal		Race Neutral Goal		OVERALL Goal	
		%		%		%	
		A		B		C	
		Total Dollars		Total Number		Total to DBEs (dollars)	
		D		E		F	
		Total to DBEs (number)		Total to DBEs/Race Conscious (dollars)		Total to DBEs/Race Conscious (number)	
		G		H		I	
		Total to DBEs/Race Neutral (dollars)		Total to DBEs/Race Neutral (number)		Percentage of total dollars to DBEs	
AWARDS/COMMITMENTS MADE DURING THIS REPORTING PERIOD (total contracts and subcontracts awarded or committed during this reporting period)							
8. Prime contracts awarded this period							
9. Subcontracts awarded/committed this period							
TOTAL							
DBE AWARDS/COMMITMENTS THIS REPORTING PERIOD-BREAKDOWN BY ETHNICITY & GENDER		A		B		C	
		Black American		Hispanic American		Native American	
		D		E		F	
		Subcont. Asian American		Asian-Pacific American		Non-Minority Women	
		G		H		I	
		Other (i.e., not of any other group listed here)		TOTALS (for this reporting period only)		Year-End TOTALS	
10. Total Number of Contracts (Prime and Sub)							
11. Total Dollar Value							
ACTUAL PAYMENTS ON CONTRACTS COMPLETED THIS REPORTING PERIOD		A		B		C	
		Number of Prime Contracts Completed		Total Dollar Value of Prime Contracts Completed		DBE Participation Needed to Meet Goal (Dollars)	
		D		E		F	
		Total DBE Participation (Dollars)		Percentage of Total DBE Participation			
12. Race Conscious							
13. Race Neutral							
14. Totals							
15. Submitted by (Print Name of Authorized Representative)				16. Signature of Authorized Representative			
17. Phone Number:				18. Fax Number:			