CONTRACTING COMPLIANCE REPORT

**SUBGRANTEE AGENCY**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name of Subgrantee)**

**CDBG Contract Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Start Date: Contract Completion Date:

Original Contract Amount: $ \_\_\_\_\_\_\_\_\_

Current Contract Amount (Including Change Orders): $ \_\_\_\_\_\_\_\_

Report for month of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all Section 3/MBE/WBE Subcontractors and Suppliers utilized on this contract to date. Copies of all subcontract/supplier agreements executed during this reporting period must be submitted with report.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of  Subcontractor/Supplier | Indicate with an “X” if Certified by Subgrantee Agency | Scope of Work Performed | Total Subcontract Amount Including Change Orders | Amount Paid this Period | Amount Paid To Date | Balance Remaining |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Total Amount Paid to Contractor by Subgrantee Agency:

This Period: $ To Date: $

Total Amount Paid by Contractor to Section 3 Business Concerns:

This Period: $ To Date: $

Total Amount Paid by Contractor to MBEs:

This Period: $ To Date: $

Total Amount Paid by Contractor to WBEs:

This Period: $ To Date: $

Name:

Title:

Date: