

FORM B

City of Syracuse Department of Neighborhood & Business Development
Final M/WBE Utilization Report

Project Address: _____ Total Contract Amount: _____

Agency Name: _____

Amount of MBE Participation: \$ _____ Amount of WBE Participation \$ _____

General/Prime Contractor Information

Name of General/Prime Contractor: _____ *Ethnicity: _____

Address: _____

Phone: _____ Tax ID or Soc Sec Num: _____

I hereby certify that the above listed amount is correct and accurate to the best of my knowledge.

Name (print) _____ Title: _____

Signature: _____ (General/Prime Contractor) Date: _____

Minority/Women Business Enterprise Information

Name of M/WBE: _____ *Ethnicity: _____

Address: _____

Phone: _____ Tax ID or Soc. Sec. Num: _____

Please state total amount received by the M/WBE on the above named project to date: \$ _____ %

Please state the remaining balance on the above named project to the M/WBE: \$ _____ %

Please state the remaining retention balance on the above named project to the M/WBE \$ _____

I hereby certify that the above listed amount is true and accurate to the best of my knowledge.

Name (print): _____ Title: _____

Signature: _____ Date: _____

(Sub Contractor)

Notary Stamp & Signature: _____

Office Use Only

Approved By: _____ Date: _____

***For Neighborhood and Business Development Monitoring Purposes Only**

Return To: Lamont Mitchell, Director of Minority Affairs, Department of Neighborhood and Business Development
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