

SBE/MBE/WBE/DBE/ACDBE/OBE SUBCONTRACTOR UTILIZATION REPORT

Project Title goes here

PRIME CONTRACTOR/CONCESSIONAIRE INFORMATION	PROFILE INFORMATION	AMOUNT		PROJECT DESCRIPTION/ CONCESSION TYPE	
Name:	Contract Number:	Authorized Contract Amount: \$			
Address:	Ethnicity:	Amended Contract Amount to Date: \$			
City/State/Zip:	Gender:	Change Order Amount to Date: \$			
		Total Contract Amount to Date: \$			
Project Manager/ Contact Person:	Category Group (check all that apply): <input type="checkbox"/> SBE <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> ACDBE <input type="checkbox"/> OBE	Total Amount Invoiced to Date: \$		Task Order No.:	
Telephone No:		CONCESSIONS ONLY			
Email Address:		Minimum. Annual Guarantee: \$			
Vendor/Federal ID:		Total Gross Receipts to Date::			
Certifying Agency:		\$			
CONTRACT DETAILS					
Award Date:	Start date:	End date:		Reporting Period:	
Division Name:	Pledge %:	Goal %	Total % Utilized to Date:		Total \$ Utilized to Date:
LAWA-APPROVED SUBCONTRACTOR/ SUB CONCESSIONAIRE INFORMATION	PROFILE INFORMATION	AMOUNT INVOICED/GROSS RECEIPTS	PROPOSED	% UTILIZED TO DATE	WORK DESCRIPTION/ CONCESSION TYPE
Name:	Ethnicity:	For this period:			
Address:	Gender:	\$	\$		
City/State/Zip:	Federal ID:	\$	\$		
Contact Name:	Category Group: <input type="checkbox"/> SBE <input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> ACDBE <input type="checkbox"/> WBE <input type="checkbox"/> OBE	To date:		%	Task Order No.:
Telephone Number:		\$			NAICS:
Email Address:					
Certifying Agency:					

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LAWA-APPROVED SUBCONTRACTOR/ SUBCONCESSIONAIRE INFORMATION	PROFILE INFORMATION	AMOUNT INVOICED	PROPOSED	% UTILIZED TO DATE	PROJECT DESCRIPTION/ CONCESSION TYPE
Name:	Ethnicity:	For this period:			
Address:	Gender:				
City/State/Zip:	Federal ID:	\$	\$		
Contact Name:	Category Group: <input type="checkbox"/> SBE <input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> ACDBE <input type="checkbox"/> WBE <input type="checkbox"/> OBE	To date:		%	Task Order No.:
Telephone Number:		\$	%		NAICS:
Email Address:					
Certifying Agency:					
Name:	Ethnicity:	For this period:			
Address:	Gender:				
City/State/Zip:	Federal ID:	\$	\$		
Contact Name:	Category Group: <input type="checkbox"/> SBE <input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> ACDBE <input type="checkbox"/> WBE <input type="checkbox"/> OBE	To date:		%	Task Order No.:
Telephone Number:		\$	%		NAICS:
Email Address:					
Certifying Agency:					
Name:	Ethnicity:	For this period:			
Address:	Gender:				
City/State/Zip:	Federal ID:	\$	\$		
Contact Name:	Category Group: <input type="checkbox"/> SBE <input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> ACDBE <input type="checkbox"/> WBE <input type="checkbox"/> OBE	To date:		%	Task Order No.:
Telephone Number:		\$	%		NAICS:
Email Address:					
Certifying Agency:					

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LAWA-APPROVED SUBCONTRACTOR/ SUB CONCESSIONAIRE INFORMATION	PROFILE INFORMATION	AMOUNT INVOICED	PROPOSED	% UTILIZED TO DATE	PROJECT DESCRIPTION/ CONCESSION TYPE	
Name:	Ethnicity:	For this period:				
Address:	Gender:					
City/State/Zip:	Federal ID:	\$	\$			
Contact Name:	Category Group: <input type="checkbox"/> SBE <input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> ACDBE <input type="checkbox"/> WBE <input type="checkbox"/> OBE	To date:		%	Task Order No.:	
Telephone Number:		\$	%		NAICS:	
Email Address:						
Certifying Agency:						
Name:	Ethnicity:	For this period:				
Address:	Gender:					
City/State/Zip:	Federal ID:	\$	\$			
Contact Name:	Category Group: <input type="checkbox"/> SBE <input type="checkbox"/> DBE <input type="checkbox"/> MBE <input type="checkbox"/> ACDBE <input type="checkbox"/> WBE <input type="checkbox"/> OBE	To date:		%	Task Order No.:	
Telephone Number:		\$	%		NAICS:	
Email Address:						
Certifying Agency:						

I certify under the penalty of perjury that the information contained on this form is true and correct and that the subcontractors/subconcessionaires listed above are selected firms that were included in the approved Subcontractor Participation Plan. I agree to comply with any applicable SBE/MBE/WBE/DBE/ACDBE/OBE provisions for substitutions and I further understand and agree that any and all changes or substitutions of subcontractors/subconcessionaires must be authorized by LAWA Procurement Services prior to utilization.

NAME: _____ TITLE: _____ PHONE: _____
 SIGNATURE: _____ DATE: _____

FOR LAWA STAFF USE ONLY (For Amendment Only)

Notes/Comments:		
Reviewed By: _____	Date: _____	% of SBE/MBE/WBE/DBE/ACDBE Participation Level Proposed: _____
Requesting Division		
Reviewed By: _____	Date: _____	% of SBE/MBE/WBE/DBE/ACDBE Achieved To Date: _____
Procurement Services Division		

INSTRUCTIONS TO COMPLETE THE SUBCONTRACTOR UTILIZATION REPORT

This form is used to report the participation of Small, Minority/Woman/Other, Disadvantaged, and Airport Concessions Disadvantaged Business Enterprise firms during the term of the contract.

THIS REPORT MUST BE SUBMITTED WITH AN INVOICE (WITHIN 15 DAYS FOLLOWING THE END OF A REPORTING PERIOD) TO THE DIVISION FOR VERIFICATION. UPON APPROVAL, THE DIVISION OR CONTRACTOR WILL FORWARD THIS REPORT TO utilizationreport@lawa.org.

When filling out information on this form, if additional space is needed you may add a space within the field names. You may also delete or add pages, as needed.

Project Title – The name or description of the project at the time of award.

Contract Number – The Contract number assigned to the project.

Company Information – The complete Prime Contractor name, address, phone number (including area code), email and contact person of each SBE/MBE/WBE/DBE/ACDBE/OBE subcontractor, vendor or supplier must be provided for the bidder/proposer and proposed subcontractor. Insert the following codes (underlined) in the appropriate spaces for the bidder/proposer and all subcontractors.

- *Group* – SBE, MBE, WBE, DBE, ACDBE, OBE
- *Agency* – Certifying Agency (CUCP, City of Los Angeles, CALTRANS, Metro, SCMBDC, SBA, DGS, WBEC-West)
- *Ethnicity* – African American, Hispanic American, Native American, Asian-Pacific Islander, Subcontinent Asian Indian, Asian American, Aleut, Eskimo, Caucasian
- *Gender* – Male, Female
- *NAICS* – North American Industry Classification System listed at <http://www.census.gov/epcd/www/naics.html>

Please note that in order to receive participation credit, SBE/MBE/WBE/DBE/ACDBE firms must be certified by a recognized certifying agency at the time the bid/proposal is submitted. (DBE certified firm may be qualified as SBE.)

For information regarding the certification process, please call the Department of Public Works, Bureau of Contract Compliance (213-847-1922).

Authorized Contract Amount – Total amount authorized by the BOAC at award.

Amended Contract Amount to Date – Total cumulative amount amended to date.

Total Contract Amount to Date – Total cumulative amount authorized to date, including total cumulative amount amended to date.

Total Amount Invoiced to Date/Gross Receipts to Date – Cumulative amount invoiced to date or total gross receipts to date reported by Prime Contractor or Concessionaire to LAWA from the commencement of work or operations.

Amount Invoiced for this Period – Amount paid to or invoiced by subcontractor for the reporting period.

Minimum Annual Guarantee – The minimum annual guaranteed concession fee for each year of the concession agreement.

Change Order Amount to Date – Amount approved by the BOAC for change order or unilateral changes within the scope of the contract.

Project Description/Concession Type – A brief description of the work or operation to be provided by the Prime Contractor/Subcontractor or Concessionaire.

NAICS – In order to receive credit for SBE/MBE/WBE/DBE/ACDBE participation, the subcontractor must be certified in the NAICS code for the specific work they will perform on the contract.

Contract Term - Length of the contract approved by the BOAC.

Pledge % or Participation Level Proposed by Bidder/Proposer – Total percentage of SBE/MBE/WBE/DBE/ACDBE subcontracting participation committed by the Prime Contractor.

Total % Utilized to Date – Total percentage of SBE/MBE/WBE/DBE/ACDBE utilized to date or current level of SBE/MBE/WBE/DBE/ACDBE achievement. (To calculate: Divide the subcontractor's Total Amount Invoiced to Date by the Prime's Total Amount Invoiced to Date).

Total Amount (\$) Utilized to Date – Total amount of SBE/MBE/WBE/DBE/ACDBE utilized to date.

Sub Proposed % – the percentage level of SBE/MBE/WBE/DBE/ACDBE participation proposed by Primes to their subcontractors based on the contract value. (To calculate the Proposed %, divide the Subcontractor's Proposed Amount by the Contract Value). Please note: If the subcontractor is a regular dealer/supplier as defined in Code of Federal Regulations, Title 49, Part 26.55(e), only 60 percent of the Proposed % or \$ can be used in calculating the utilized MBE/WBE/DBE/ACDBE dollars.

Signature/Date – This form must be signed by a responsible person capable of committing the firm contractually.