

State of Connecticut - Department of Public Health
 Drinking Water State Revolving Fund (DWSRF)
 MBE/WBE (DBE) Utilization - Semi-Annual Reporting Form

PWS Name: _____	PWSID: _____
Loan Agreement #: _____	Project name: _____

1. Reporting Period:	Year: _____	<input type="checkbox"/> October - March	<input type="checkbox"/> April - September
<input type="checkbox"/> Final Check box only if filing FINAL report for project		Due by April 12th	Due by October 12th

2. Is this a revision of a prior report: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	Reporting Period: _____	Year: _____
Describe the revision:		<input type="checkbox"/> October - March	<input type="checkbox"/> April - September

3. Loan Recipient MBE/WBE Reporting Contact Person:		
Name: _____	Title: _____	Phone: _____

4. Comments: (If no MBE or WBE procurements were accomplished during this reporting period state reason and please explain what steps you are taking to achieve the MBE/WBE Program requirements)

5. MBE/WBE Procurements Made During This Reporting Period (can only count subcontracts and/or purchases made by the prime contractor) See instructions for definition of "Procurement".

A. Type (MBE or WBE)	B. \$ Value of Procurement	C. Date of Procurement (MM/DD/YY)	D. Type of Product or Service * (see below)	E. Name, Address, & Phone # of Subcontractor or Vendor	F. Has a Copy of the Contract or Purchase Order been Submitted to DPH? (Y/N) If No, submit with this form.	G. Is this Procurement part of a Change Order? (Y/N) If Y, Note CO#.

* Type of Product or Service: 1 - Construction 2 - Supplies 3 - Services 4 - Equipment

6. Name of Loan Recipient's Authorized Representative: _____	Title: _____
7. Signature of Loan Recipient's Authorized Representative: _____	Date: _____

DWS Use Only	FFY Reporting Year: _____	Period: _____	IUP Year: _____	Applicable EPA Assistance Agreement # for Reporting: _____
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