

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: \$ _____ % _____

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)

Office Use Only

Approved By: _____ Date: _____

**Return To: Director of Equity Compliance, Department of Management and Budget
223 E. Washington Street, Rm 213, Syracuse, N.Y. 13202
Phone: 448-8408 Fax: 448-8036**