**Small and Minority Business Contracting and Certification**

**MBE Quarterly Progress Report**

Quarterly Report Period:      Through

Agency Name:       Telephone Number:

Prepared By:       Title:      Date:

**I. Funds Expended** (Report only those funds within your controllable dollars as defined in your agency’s MBE Utilization Plan for this fiscal year.)

a. Total dollar value of funds expended during quarter:

b. Total dollar value of funds expended with certified minorities during quarter:

c. Total dollar value of funds expended with certified minorities to date this fiscal year:

d. Dollar goal established for this fiscal year:

e. Percentage of goal met:

**II.** **Goods and Services**

a. Number of solicitations\* made to certified minorities:

b. Number of responses received from certified minorities:

c. Number of awards made to certified minorities:

**III.** **Construction and/or Renovation**

a. Number of solicitations made to certified minorities:

b. Number of responses received from certified minorities:

c. Number of awards made to certified minorities:

d. Number of construction/renovation subcontracts made to certified minorities:

**IV.** **Comments**

\*Solicitations include the receipt of quotes as well as formal solicitations.

Note: All sections should be completed even if there is no activity during quarter with minorities.

SMBCC-100 (Revised 6/16)

**Quarterly M/WBE**

**Utilization Data Report (UDR):**

(Remember to submit a completed UDR form per quarter.)

|  |  |
| --- | --- |
| **Agency Name:**  **Contact Name:**        **Contact Telephone:**       **Reporting Period:**  **FY:**    **Quarter:**  **(ex.: 1st, 2nd, 3rd or 4th)** | **CODES:**  **01- African American Male**  **02- African American Female**  **03- Caucasian Female**  **04- Hispanic (Male and Female)**  **05- DOT Certified African American Males and Females**  **06- DOT Certified Caucasian Females**  **07- Native American (American Indians, Eskimos, Aleutians and Native Hawaiians)**  **08- SBA Certified (All Vendors)**  **09- All Others \* ( Asian Pacific Americans)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Quarterly Total Controllable Dollars:** | |  | |
| Quarterly MBE Total Expenditures **(01, 02 & 05)** |  | Total Contracts Awarded to **MBE** |  |
| Quarterly WBE Total Expenditures **(03 & 06)** |  | Total Contracts Awarded to **WBE** |  |
| Quarterly Other Total Expenditures **(07, 08, 09\*)** |  | Total Contracts Awarded to **Others** |  |
| Quarterly Hispanic Expenditures **(04)** |  | Total Contracts Awarded to **Hispanic** |  |
| **Quarterly Total**  **(MBE, WBE and Other Expenditures)** |  | **Total Number of Contracts Awarded** |  |

Form SMBCC Number 104A (Revised 6/16)

**Certified MBE**

**(Quarterly)**

**Procurement Information**

Agency:      Phone:

Quarterly Report Period:      Through:

Prepared by:      Title:      Date:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and Address of  Business or Individual: | Telephone: | Commodity or  Service: | Date  Awarded: | Amount  Awarded: | Certification No.: |
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**For certification numbers, please visit** http://smbcc.sc.gov/directory.html.

Note: Expenditures can be consolidated if a vendor is used more than once during quarter.

SMBCC-101 (Revised 6/16)