|  |  |  |  |
| --- | --- | --- | --- |
| **FEDERAL GRANT #:** | | GRANTEE/UGLG NAME: |  |
|  | B – \_\_\_ – DC – 55 – 0001 | DEHCR GRANT AGREEMENT #: |  |
|  | B – \_\_\_ – DF – 55 – 0001  B – \_\_\_ – DI – 55 – 0001 |  |  |
|  | B – \_\_\_ – DN – 55 – 0001 | **MBE/WBE REPORT** |  |
|  | E – \_\_\_ – DC – 55 – 0001 |  |
|  | M – \_\_\_ – SG – 55 – 0001 |  |
| For DEHCR Use ONLY | |  |

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| |  |  | | --- | --- | | Program (Choose One): | | |  | Community Development Program | |  | HOME RHD / HHR | |  | Housing Program | |  | ESG | | |  |  | | --- | --- | | Report Type (Choose One): | | |  | Semi-Annual Report | |  | Quarterly Report | | |  |  | | --- | --- | | Reporting Period Covered (Choose One): | | | Semi-Annual Report: | | |  | April 1 – September 30, 20\_\_ | |  | October 1, 20\_\_ – March 31, 20\_\_ | |  |  | | Quarterly Report: | | |  | January 1 – March 31, 20\_\_ | |  | April 1 – June 30, 20\_\_ | |  | July 1 – September 30, 20\_\_ | |  | October 1 – December 31, 20\_\_ | |

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| **PREPARER CERTIFICATION** | | | | |
| I hereby certify that, to the best of my knowledge and belief, the contents in this report are true and correct. | | | | |
| Full Name of  Report Preparer: | |  | Preparer’s Signature: |  |
| Preparer’s Job Title &  Company/Employer: | |  | Date Signed: |  |
| Preparer’s Telephone Number: | **( ) \_\_\_\_\_ – \_\_\_\_\_\_\_ ext. \_\_\_\_** | | Preparer’s Email Address: |  |

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***For Grantees / UGLGs:*** *Signature of the Chief Elected Official Typed Name of the Chief Elected Official Title Date Signed*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contractor/Sub-Contractor Name & Address  **1a.** | | | | | Contractor FEIN #  **1b.** | Sub-Contractor FEIN #  **1c.** | Amount of Contract or Sub-Contract  **1d.** | Type of Trade Code  (See below.)  **1e.** | Contractor or Sub-Contractor Business’ Race / Ethnicity  (See below.)  **1f.** | Woman Owned Business?  (Yes or No)  **1g.** | Section 3 Business?  (Yes or No)  **1h.** |
| Name | | Street Address | City | State / ZIP |
| Contractor  Sub-Contractor |  |  |  |  |  |  |  |  |  |  |  |
| Contractor  Sub-Contractor |  |  |  |  |  |  |  |  |  |  |  |
| Contractor  Sub-Contractor |  |  |  |  |  |  |  |  |  |  |  |
| Contractor  Sub-Contractor |  |  |  |  |  |  |  |  |  |  |  |
| Contractor  Sub-Contractor |  |  |  |  |  |  |  |  |  |  |  |
| Contractor  Sub-Contractor |  |  |  |  |  |  |  |  |  |  |  |
| Contractor  Sub-Contractor |  |  |  |  |  |  |  |  |  |  |  |
| Contractor  Sub-Contractor |  |  |  |  |  |  |  |  |  |  |  |
| Contractor  Sub-Contractor |  |  |  |  |  |  |  |  |  |  |  |

**PLEASE NOTE:** If you need to list more than 9 (nine) Contractors or Sub-Contractors (in the space provided in this report), copy and attach additional page(s) to your MBE/WBE Report submission.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **1e. Type of Trade Codes:** |  |  | **1f. Racial / Ethnic Codes:** |
|  | 1 = New Construction | 6 = Professional |  | 1 = White Americans |
|  | 2 = Substantial Rehab. | 7 = Tenant Services |  | 2 = Black Americans |
|  | 3 = Repair | 8 = Education / Training |  | 3 = Native Americans |
|  | 4 = Service | 9 = Architectural / Engineering Appraisal |  | 4 = Hispanic Americans |
|  | 5 = Project Management | 0 = Other |  | 5 = Asian / Pacific Americans |
|  |  |  |  | 6 = Hasidic Jews |

**MBE/WBE REPORT FORM DEFINITIONS:**

1. A **Minority-owned Business Enterprise (MBE)** is a business that is both owned **and** controlled by minorities. This means that there must be not less than 51 percent minority ownership of the business (a business in which more than 50 percent of the ownership or control is held by one or more minority individuals, and more than 50 percent of the net profit or loss which accrues is to one or more minority individuals), and that the minority ownership must control the management and daily operations of the business. When 51% or more of the business is not owned and controlled by any single racial/ethnic category, enter the race/ethnicity code which best classifies the majority of employees working for the Contractor or Sub-Contractor.
2. A **Woman-owned Business Enterprise (WBE)** is a business that is both owned **and** controlled by women. This means that there must be not less than 51 percent women ownership of the business (a business in which more than 50 percent of the ownership or control is held by one or more female individuals, and more than 50 percent of the net profit or loss which accrues is to one or more female individuals), and that the women ownership must control the management and daily operations of the business.
3. A **Section 3 Business** is a business that provides economic opportunities to low-income & very low-income persons. A Section 3 Business must be able to provide documentation to support at least one of the following situations:
   * The business has at least 51 percent ownership by Section 3 residents (a business in which 51 percent or more of the ownership is held by one or more Section 3 residents, and 51 percent or more of the net profit or loss which accrues is to one or more Section 3 residents); **OR**
   * At least 30 percent of the full-time employees of the business include persons that are currently Section 3 residents, or were Section 3 residents within 3 (three) years of their date of first hire by the Section 3 business; **OR**
   * The business provides evidence, as required, of a commitment to sub-contract in excess of 25 percent of the dollar amount awarded of all sub-contracts to business concerns that meet one of the first two qualifications for being a Section 3 Business (as listed above).
4. A **Section 3 resident (or Section 3 person)** is an individual that:
   * Is a public housing resident; **OR**
   * Is a low-income or very low-income person (as defined below):
     1. A **Low-Income** level is defined as being 80% (or less than 80%) of the median income of that area.
     2. A **Very Low-Income** level is defined as being 50% (or less than 50%) of the median income of that area.

**MBE/WBE REPORT FORM INSTRUCTIONS:**

The Division of Energy, Housing and Community Resources’ (DEHCR’s) grant recipients are required to submit MBE/WBE Reports to the Division either Semi-Annually or Quarterly. Questions regarding project-specific reporting requirements should be directed to the assigned DEHCR Program Representative. For each MBE/WBE Report submitted, the following items must be completed:

* Provide your project’s “Grantee/UGLG Name” and the “DEHCR Grant Agreement Number” information in the upper-right corner on the first page of the report.
* Check mark the appropriate box (e.g. Community Development Program, HOME RHD/HHR, or Housing Program) to specify the DEHCR Program that is funding the project for which the MBE/WBE Report is being submitted. .
* Check mark the appropriate box (e.g. Semi-Annual Report or Quarterly Report) to specify the type of report being submitted.
* Check mark the appropriate box (e.g. 4/1–9/30/20YY, 10/1/20YY–3/31/20YY, 1/1–3/31/20YY, 4/1–6/30/20YY, 7/1–9/30/20YY, or 10/1-12/31-20YY) to indicate which semi-annual or quarterly reporting period is applicable.
* **PREPARER CERTIFICATION:** Provide the name, job title, company/employer, telephone number, and email address of the person preparing this MBE/WBE report. The preparer must certify that they have prepared this report by signing and dating the report prior to submitting it to DEHCR.
* **All** **MBE/WBE Reports** **must be signed and dated** by the Chief Elected Official (i.e., Mayor, City Council President, Village President, Town Board Chairman, County Board Chairman, or County Executive), and contain the printed/typed name and title of the Chief Elected Official (CEO).
* **MBE/WBE CONTRACTOR & SUB-CONTRACTOR INFORMATION (Table on Page 2):** Begin by individually listing the **Business Name** (1a.) of **each Contractor and Sub-Contractor** awarded contracts (funded with program dollars) for the project during the reporting timeframe listed.
  + **For each** business (i.e. contract recipient) listed in the table:

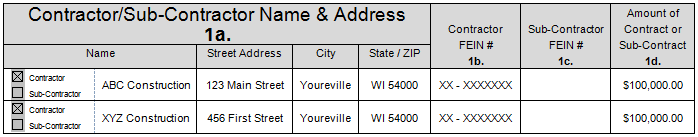
Column **1a**: Indicate whether the business is a **Contractor** or **Sub-Contractor** by check marking the appropriate box. Also provide the **Street Address**, **City**, **State**, & **ZIP Code** for the business.

Column **1b**: For each business that is listed as a Contractor (1a.), provide that **Contractor’s FEIN #**. *If a business is listed as a Sub-Contractor (1a.), provide the FEIN # of the Prime Contractor overseeing the Sub-Contractor’s work on the project.*

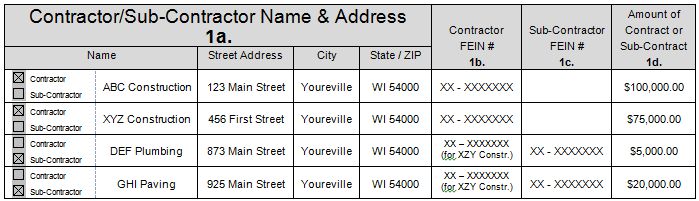
Column **1c**: For each business that is listed as a Sub-Contractor (1a.), provide that **Sub-Contractor’s FEIN #**. *If a business is listed as a Contractor (1a.), then leave the Sub-Contractor’s FEIN # (1c.)* ***blank****.*

Column **1d**: Provide the contracted **dollar amount** for the business’ services and materials. **DO NOT DOUBLE-COUNT** overlapping contract amounts. Funds awarded by a Contractor for sub-contracted work to Sub-Contractor(s) should be listed with the Sub-Contractor(s) information, NOT with the Contractor’s awarded dollar amount. *(Refer to the examples provided below for further clarification.)*

**EXAMPLE #1:** *A project has awarded $100,000 in funds to* ***each*** *of two (2) Contractors, for a total of $200,000 during the current reporting period. Neither Contractor sub-contracts any work to Sub-Contractor(s). A portion of the MBE/WBE Report form would be completed as follows:*



**EXAMPLE #2:** *A project has awarded $100,000 in funds to* ***each*** *of two (2) Contractors, for a total of $200,000 during the current reporting period. The first Contractor (ABC Construction) does not sub-contract any work to Sub-Contractor(s). The second Contractor (XYZ Construction) sub-contracts a* ***total*** *of $25,000 (of their $100,000 contract) to two (2) Sub-Contractors (DEF Plumbing & GHI Paving). A portion of the MBE/WBE Report form would be completed as follows:*



Column **1e**: Provide the **Trade Code** for the type of work that each business (1a.) was hired to perform. (*Refer to the list of Trade Codes provided at the bottom of page 2.*)

Column **1f**: Indicate whether each business is a **Minority-owned Business Enterprise (MBE)** by listing the **Race/Ethnicity Code** designation for each business. (*Refer to the definition of an MBE listed on page 3. A list of race/ethnicity codes is provided at the bottom of page 2.*)

**PLEASE NOTE:** If 51% or more of the business is **not** owned and controlled by any **single** racial/ethnic category, input the race/ethnicity code which best classifies the majority of minority employees working for the individual business.

Column **1g**: Indicate whether each business is classified as a **Woman-owned Business Enterprise (WBE)**. (*Refer to the definition of a WBE listed on page 3.*)

Column **1h**: Indicate whether each business is classified as a **Section 3 Business**. (*Refer to the definition of a Section 3 Business listed on page 3.*)

* Retain the completed **MBE/WBE Report** form in your project file **and submit a copy** of the completed report (email is preferred) to your assigned Program Representative at DEHCR.

**PLEASE NOTE:** If submitting the MBE/WBE Report via postage-paid mail, use the DEHCR mailing address (listed below):

**ATTN:** <**Your Assigned DEHCR Program Representative>**

**Division of Energy, Housing and Community Resources**

**Wisconsin Department of Administration**

**P.O. Box 7970**

**Madison, WI 53707-7970**