FACILITIES & SAFETY BUSINESS OFFICE

CERTIFIED SMALL, MINORITY & WOMEN OWNED BUSINESS PARTICIPATION

Contractor:

Project Name/Number:

Payment Number:

Contact Person/Phone:

Date:

Certified Minority and Small Business Codes

BLACK AMERICAN	(H)
HISPANIC AMERICAN	(I)
ASIAN AMERICAN	(J)
NATIVE AMERICAN	(K)
WOMEN	(M)
SMALL NUSINESS	(SB)

MBE Contractor/Subcontractor OR *Sub & Sub's Vendor (DOP)	This Section for Direct Owner Purchase (DOP) Actions Only Total Order Amt	Total to MSB	MINORITY AND SMALL BUSINESS CODES	ORIGINAL CONTRACT VALUE	CONTRACT VALUE MUNIS DOP	AMOUNT APPROVED/REQUESTED TO DATE	AMOUNT REQUESTED THIS PAYMENT	TOTAL COMPLETED TO DATE	UNCOMPLETED BALANCE	CERTIFICATION AGENCY
2nd Tier										