

CALIFORNIA DEPARTMENT OF HEALTH SERVICES  
 SAFE DRINKING WATER STATE REVOLVING FUND PROGRAM  
**MINORITY BUSINESS ENTERPRISE/WOMEN BUSINESS ENTERPRISE MBE/WBE**  
**QUARTERLY UTILIZATION REPORT**  
 FOR COMPLIANCE WITH FEDERAL SDWSRF FUNDING REQUIREMENTS

**PART 1.** Positive and/or negative reports are required.

<b>1A. FEDERAL FISCAL YEAR</b> 2 0 0 <u>    </u>		<b>1B. REPORTING QUARTER (Check appropriate box)</b> <input type="checkbox"/> 1 <sup>st</sup> (Oct-Dec) <input type="checkbox"/> 2 <sup>nd</sup> (Jan-Mar) <input type="checkbox"/> 3 <sup>rd</sup> (Ap-Jun) <input type="checkbox"/> 4 <sup>th</sup> (Jly-Sept) <input type="checkbox"/> Annual																			
<b>2A. SUBMIT REPORT TO</b> MBE/WBE Coordinator (MS 7418) Safe Drinking Water State Revolving Fund Program 1616 Capitol Ave. P.O. Box 997413 Sacramento, CA 95899-7413 FAX (916) 449-5656		<b>3A. LOAN RECIPIENT'S NAME AND ADDRESS)</b>    																			
<b>2B. STATE CONTACT</b> Nadine Feletto(nfeletto@dhs.ca.gov)		<b>2C. PHONE:</b> (916) 449-5621	<b>3B. SRF LOAN NO.:</b>  																		
<b>2B. STATE CONTACT</b> Nadine Feletto(nfeletto@dhs.ca.gov)		<b>2C. PHONE:</b> (916) 449-5621	<b>3C. RECIPIENT'S CONTACT</b>																		
<b>3D. PHONE:</b>																					
<b>4A. TOTAL PROJECT FUNDING</b> SRF LOAN     \$ _____ SRF GRANT    \$ _____ OTHER FUNDS \$ _____		<b>4B. PROJECT SRF GOALS FOR MBE / WBE PARTICIPATION</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">% MBE</th> <th style="width: 25%; text-align: center;">% WBE</th> </tr> </thead> <tbody> <tr> <td>Construction</td> <td style="text-align: center;">22%</td> <td style="text-align: center;">9%</td> </tr> <tr> <td>Equipment</td> <td style="text-align: center;">16%</td> <td style="text-align: center;">14%</td> </tr> <tr> <td>Services</td> <td style="text-align: center;">14%</td> <td style="text-align: center;">7%</td> </tr> <tr> <td>Supplies</td> <td style="text-align: center;">17%</td> <td style="text-align: center;">7%</td> </tr> </tbody> </table>			% MBE	% WBE	Construction	22%	9%	Equipment	16%	14%	Services	14%	7%	Supplies	17%	7%			
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Supplies	17%	7%																			
<b>4C. PERIOD WHEN CONTRACTS AND/OR PURCHASES UNDER THIS PROJECT ARE EXPECTED TO OCCUR:</b> START DATE (MO/YEAR) <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> END DATE (MO/YEAR): <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>																					
<b>5A. SRF CLAIMS THIS REPORTING PERIOD:</b> <div style="text-align: center; margin-top: 10px;">\$ _____</div>																					
<b>5B. MBE/WBE PROCUREMENT THIS REPORTING PERIOD</b> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;">\$ MBE</th> <th style="width: 35%; text-align: center;">\$ WBE</th> </tr> </thead> <tbody> <tr> <td>Construction</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Equipment</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Services</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>Supplies</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><b>TOTAL</b></td> <td style="text-align: center;"><b>\$ _____</b></td> <td style="text-align: center;"><b>\$ _____</b></td> </tr> </tbody> </table>					\$ MBE	\$ WBE	Construction	\$ _____	\$ _____	Equipment	\$ _____	\$ _____	Services	\$ _____	\$ _____	Supplies	\$ _____	\$ _____	<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>
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<b>6A. NEGATIVE REPORT THIS QUARTER (check here)</b> <div style="text-align: center; margin-top: 10px;"><input type="checkbox"/></div>																					
<b>6B. COMMENTS</b>																					
<b>7A. NAME OF RECIPIENT'S AUTHORIZED REPRESENTATIVE</b>		<b>7B. TITLE</b>																			
<b>7C. SIGNATURE OF AUTHORIZED REPRESENTATIVE</b>		<b>7D. DATE</b>																			

THIS REPORT IS DUE 15 DAYS AFTER THE END OF EACH FISCAL QUARTER  
 SUBMISSION DATES ARE: January 15, April 15, July 15, and October 15.

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<b>A. WATER SYSTEM NAME:</b>	<b>B. SYSTEM-PROJ No.</b>	<b>C. SDWSRF LOAN NUMBER</b>	<b>D. CLAIMS SUBMITTED</b> From <input type="text"/> (date): to <input type="text"/> (date):
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1. Procurement Made by		2. Business Enterprise		3. \$ Value of Procurement	4. Date of Award	5. Type of Product or Service (Enter Code)	6. MBE/WBE Contractor or/ Subcontractor/Vendor Name / Address
Water System	Contractor	Minority	Women				

Type of product or service codes:			
1 = Construction	2 = Supplies	3 = Services	4 = Equipment
		A=business services	
		B=professional services	
		C=repair services	
		D=personal services	