

City of Albany

M/WBE SUBCONTRACTING REPORT

THIS SECTION IS TO BE COMPLETED BY THE GENERAL CONTRACTOR ONLY

This section must reflect MINORITY AND WOMEN BUSINESS ENTERPRISE (M/WBE) subcontracting activity during the month noted. Please print clearly or type. Direct questions to 518-407-0255 or mwbe@albany.gov. DO NOT SUBMIT WITH THE BID.

Firm Name: _____ Contact Person: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____

Project: _____ Reporting for: Month: _____ Year: _____

M/WBE Firm Name, Address, and Phone	Payments made this period (\$)	Final Payment? Yes or No

Report submitted by: _____ Phone: _____ Date: _____
(please print)