**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:

**[Formula:** (Line Item Ic **÷** Line Item Id) x 100]

**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 07/09)

**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 Number of **MBEs** receiving contracts for quarter(Ex: Number of certified businesses owned by African Americans and DOT certified African Americans) |       |
| Quarterly WBE Total Expenditures **(03 & 06)** |       | Total Number of **WBEs** receiving contracts for quarter(Ex: Number of certified businesses owned by Caucasian Females and DOT certified Caucasian Females) |       |
| Quarterly Other Total Expenditures **(07, 08, 09)** |       | Total Number of **Others** receiving contracts for quarter(Ex: Number of certified businesses owned by Native Americans, American Indians, Eskimos, Aleutians, Native Hawaiians, SBA Certified vendors, and all others) |       |
| Quarterly Hispanic Expenditures**(04)** |       | Total Number of **Hispanics** receiving contracts for quarter(Ex: Number of certified businesses owned by Hispanics) |       |
| **Quarterly Total:**  |       | **Total Number of Certified Businesses receiving Contracts:** |       |

**Note:** Column 1 should reflect totals of the amounts listed on the Procurement Information Form.

Businesses certified through DOT must also be certified through SMBCC in order to be included on this report.

Form SMBCC Number 104A

 (Revised 07/19)

**Certified MBE**

**(Quarterly)**

**Procurement Information**

Agency:      Phone:

Quarterly Report Period:      Through:

Prepared by:      Title:      Date:

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

**Note:** **Vendors reflected on this listing must be certified through SMBCC.**

Indicator Codes 5 and 6 confirm vendor certification through SMBCC and DOT. Those certified through DOT without Codes 5 and 6 may not be certified through SMBCC.

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

SMBCC-101 (Revised 07/19)