

**U.S. ENVIRONMENTAL PROTECTION AGENCY
 MBE/WBE UTILIZATION UNDER FEDERAL GRANTS, COOPERATIVE
 AGREEMENTS, AND INTERAGENCY AGREEMENTS**

PART 1. (Reports are required even if no procurements are made during the reporting period.)

1A. FEDERAL FISCAL YEAR 20_____	1B. REPORTING PERIOD (Check ALL appropriate boxes) <input type="checkbox"/> 1 st (Oct-Dec) <input type="checkbox"/> 2 nd (Jan-Mar) <input type="checkbox"/> 3 rd (Apr-Jun) <input type="checkbox"/> 4 th (Jul-Sep) <input type="checkbox"/> Annual <input type="checkbox"/> Check if this is the last report for the project (Project completed).				
1C. REVISION OF A PRIOR REPORT? Y or N Year: _____ Quarter: _____	BRIEFLY DESCRIBE THE REVISIONS YOU ARE MAKING:				
2A. FINANCIAL ASSISTANCE OFFICE ADDRESS NH Department of Environmental Services Wastewater Engineering Bureau 29 Hazen Drive PO Box 95 Concord, NH 03302-0095		3A. RECIPIENT NAME AND ADDRESS			
2B. CWSRF DBE COORDINATOR Name: Beth Malcolm E-mail: beth.malcolm@des.nh.gov	2C. PHONE: (603) 271-2978 FAX: (603) 271-4128	3B. RECIPIENT REPORTING CONTACT: Name: E-mail:	3C. PHONE: Fax:		
4A. FINANCIAL ASSISTANCE AGREEMENT (LOAN) ID NUMBER		4B. FEDERAL FINANCIAL ASSISTANCE PROGRAM TITLE or CFDA NUMBER: State Revolving Fund Loan Program			
5A. TOTAL ASSISTANCE AGREEMENT (LOAN) AMOUNT (SRF State Recipients, refer to Instructions for Completion of blocks 4A, 5A and 5C.)	5B. If NO procurement and NO accomplishments were made this reporting period, check and skip to Block No. 7. (Procurements are all expenditures through contract, order, purchase, lease or barter of supplies, equipment, construction, or services needed to complete Federal assistance programs. Accomplishments, in this context, are procurements made with MBEs and/or WBEs. <input type="checkbox"/>				
5C. Total Procurement and MBE/WBE Accomplishments This Reporting Period (Only include amount not reported in any prior reporting period)					
Were sub-awards issued under this assistance agreement? Yes ___ No ___ Were contracts issued under this assistance agreement? Yes ___ No ___					
Total Procurement Amount \$ _____ (Include total dollar values awarded by recipient, sub-recipients and SRF loan recipients.)					
Actual MBE/WBE Procurement Accomplished: (Include total dollar values awarded by recipient, sub-recipients, SRF loan recipients and Prime Contractors.)					
	<u>Construction</u>	<u>Equipment</u>	<u>Services</u>	<u>Supplies</u>	<u>Total</u>
\$MBE:	_____	_____	_____	_____	_____
\$WBE:	_____	_____	_____	_____	_____
6. COMMENTS: (If no MBE/WBE procurements were accomplished during the reporting period, please explain what steps you are taking to achieve the MBE/WBE Program requirements specified in the terms and conditions of the Assistance Agreement.)					
7. NAME OF RECIPIENT'S AUTHORIZED REPRESENTATIVE		TITLE			
8. SIGNATURE OF RECIPIENT'S AUTHORIZED REPRESENTATIVE		DATE			

MBE/WBE PROCUREMENTS MADE DURING REPORTING PERIOD

EPA Financial Assistance Agreement Number: _____

1. Procurement Made By			2. Business Enterprise		3. \$ Value of Procurement	4. Date of Award MM/DD/YY	5. Type of Product or Services _A (Enter Code)	6. Name/Address/Phone Number of MBE/WBE Contractor or Vendor
Recipient	Sub-Recipient and/or SRF Loan Recipient	Prime	Minority	Women				

Type of product or service codes:

1 = Construction

2 = Supplies

3 = Services

4 = Equipment

Note: Refer to Terms and conditions of your Assistance Agreement to determine the frequency of reporting. Recipients are required to submit MBE/WBE reports to EPA beginning with the Federal fiscal year quarter the recipients receive the award, continuing until the project is completed.

Instructions for completing EPA form 5700-52A (Adapted for NHCWSRF):

Box 1A:

Enter the Federal fiscal year for the reporting period. The Federal fiscal year runs from October 1st through September 30th (**e.g. November 29, 2009 falls within Federal fiscal year 2010**).

Box 1B:

Check the box corresponding with the appropriate (quarterly) reporting period. Also indicate if this is the last report for the project.

Box 1C:

Indicate if this is a revision to a previous quarter, and provide a brief description of the revision you are making.

Box 2A-2C:

Completed on behalf of NHCWSRF Recipients.

Box 3A:

Enter the name and address of the loan recipient.

Box 3B-C:

Enter the name, e-mail address, phone and fax number of the MBE/WBE contact for the loan recipient.

Box 4A:

Enter SRF loan number (CS-330XXX-XX or ARRA loans: CS-333XXX-XX).

Box 4B:

Completed on behalf of NHCWSRF Recipients.

Box 5A:

Enter the total loan amount and update upon amendment.

Box 5B:

Check this box if no payments were made with SRF funds during the reporting quarter.

Box 5C:

Enter the total payments made with SRF funds during the reporting quarter and total payments made with SRF funds to MBEs and/or WBEs in each expense classification.

Box 6:

This space is for making clarifications or comments. For example, if a loan has more than one construction contract, please indicate that here and fill out a separate MBE/WBE Utilization form for each construction contract.

For further information regarding the New Hampshire State Revolving Fund Program, including questions on how municipalities may apply for a loan, please contact the Grants Management Section of the Wastewater Engineering Bureau (603-271-3503), or visit the Department of Environmental Services' website: <http://des.nh.gov/organization/divisions/water/wweb/grants.htm#srf>