

MINORITY BUSINESS PARTICIPATION ANNUAL REPORT

Please complete and submit this report as specified in the cover letter

CONTRACT NUMBER #XX-XXXX	12 MONTH PERIOD COVERED BY REPORT: July 1, XXXX through June 30, XXXX	REPORT DATE
PROJECT NAME / CONTRACT TITLE: «Title»		
PRIME VENDOR/CONTRACTOR NAME AND ADDRESS		
VENDOR NUMBER VENDOR NAME ADDRESS CITY STATE ZIP	FEIN #	DUNS #

MINORITY VENDOR/CONTRACTOR NAME STREET ADDRESS CITY, STATE ZIP TELEPHONE NUMBER	PRODUCT/SERVICE PURCHASED	AGREEMENT DATE	SUBCONTRACT \$ AMOUNT

If no business was awarded to minority business firms for this period, please describe the efforts made to encourage minority business participation.

I certify that the information contained on this report is true and accurate and that I am an authorized representative of the Prime Vendor/Contractor identified above.

By: _____ (Print Name of Prime Vendor/Contractor Authorized Representative) _____ (Title)

(Signature of Contractor Authorized Representative) (Phone Number) (Fax Number)

(e-mail address)

Return form to:
 UW-Madison MBE Coordinator
 Purchasing Services
 21 N Park St, Suite 6101
 Madison, WI 53715 1218
FAX: (608) 262-4467