



City of Albany
M/WBE/ Fair Housing Office
24 Eagle St. Rm.301
Albany, New York 12207
TELEPHONE (518) 445-0620

CITY - 002 (b)
MINORITY AND WOMEN BUSINESS ENTERPRISE 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 project.

Project: _____ Reporting period: __/__/__ to: __/__/__

M/WBE Firm Name, Address, and Phone	Payments made this period (\$)	Amount Outlined In Plan (\$)	Total Payments to date (\$)	Final Payment? Yes or No

Is this the final Minority and Women Labor Utilization Report? _____

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