MANPOWER UTILIZATION SUMMARY REPORT

**FOR**

# CITY OF FORT WAYNE CONTRACTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: | Click to enter text. | Resolution Number: | Click to enter text. |  |
| Project Name: | Click to enter text. |  |
| Contractor: | Click to enter text. | Final Contract Price: | Click to enter text. |  |
|  |  |  |  |  |

 Name of **all** Supplier(s) Total $ Amount % of Contract Certification Status *\*Select all that apply*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Click to enter text. |  | $ |  | **%** |  | [ ]  MBE [ ]  WBE [ ]  EBE [ ]  DBE  |
|  | Click to enter text. |  | $ |  | **%** |  | [ ]  MBE [ ]  WBE [ ]  EBE [ ]  DBE  |
|  | Click to enter text. |  | $ |  | **%** |  | [ ]  MBE [ ]  WBE [ ]  EBE [ ]  DBE  |
|  | Click to enter text. |  | $ |  | **%** |  | [ ]  MBE [ ]  WBE [ ]  EBE [ ]  DBE  |
|  | Click to enter text. |  | $ |  | **%** |  | [ ]  MBE [ ]  WBE [ ]  EBE [ ]  DBE  |
|  | Click to enter text. |  | $ |  | **%** |  | [ ]  MBE [ ]  WBE [ ]  EBE [ ]  DBE  |
|  |  |  |  |  |  |  |  |

Name of **all** Subcontractors(s) Total $ Amount % of Contract Certification Status

 **\****Select all that apply*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Click to enter text. |  | $ |  | **%** |  | [ ]  MBE [ ]  WBE [ ]  EBE [ ]  DBE  |
|  | Click to enter text. |  | $ |  | **%** |  | [ ]  MBE [ ]  WBE [ ]  EBE [ ]  DBE  |
|  | Click to enter text. |  | $ |  | **%** |  | [ ]  MBE [ ]  WBE [ ]  EBE [ ]  DBE  |
|  | Click to enter text. |  | $ |  | **%** |  | [ ]  MBE [ ]  WBE [ ]  EBE [ ]  DBE  |
|  | Click to enter text. |  | $ |  | **%** |  | [ ]  MBE [ ]  WBE [ ]  EBE [ ]  DBE  |
|  | Click to enter text. |  | $ |  | **%** |  | [ ]  MBE [ ]  WBE [ ]  EBE [ ]  DBE  |
|  |  |  |  |  |  |  |  |

*If you need additional space to list subcontractors and suppliers, please use a separate piece of paper.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Total MBE Participation** |  | $ |  | **%** |  |
|  | **Total WBE Participation** |  | $ |  | **%** |  |
|  | **Total EBE Participation** |  | $ |  | **%** |  |
|  |  |  |  |  |  |  |

**To be completed by prime contractor and returned to:**

**Vendor Compliance, Suite 490 Citizens Square, 200 East Berry Street, Fort Wayne, IN 46802**

**Return within ten (10) days after completion of construction or upon request of Vendor Compliance.**