Grantee:  Grant Number: 

Administrative Contact: 

Phone Number:  Reporting Period:  To: 

Fax Number: 

Email Address: 

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:** DO NOT ALTER GRANTEE, GRANT NBR, OR REPORTING FIELDS – Report all prime contracts, subcontracts or changes that *exceeded $1,000* and were awarded during this reporting period. (Do not report contracts or change orders that were previously submitted.) The information on this form must be reported regardless of whether the grantee contracts or loans the funds to a third party (i.e. a grant or loan to rehab their home). Copy this form as needed. **All requested information must be submitted for each contract.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| Contractor’s Tax Identification Number or Social Security Number:  | **Type of Contract:** [ ]  1. Construction[ ]  2. Education/Training[ ]  3. Other (specify):  | **Contractor**[ ]  1. Prime Contractor[ ]  2. Subcontractor |
| Contractor’s Company Name: | Phone Number:  |
| Address (Street, City, State, Zip Code): |

**Contractor or Subcontractor Business: Racial/Ethnic Codes**

[ ]  1. White [ ]  3. American Indian/Alaskan Native [ ]  5. Asian/Pacific Islander

[ ]  2. Black [ ]  4. Hispanic [ ]  6. Hasidic Jew

**Women Owned Business:** [ ] (1) Yes [ ] (2) No **Section 3 Contractor:** [ ] (1) Yes [ ] (2) No

**Type of Activity:** (Check Only All That Apply)

[ ] 1. Rehab/Housing Construction [ ] 4. Acquisition [ ] 7. Economic Development

[ ] 2. Public Facility [ ] 5. Demolition [ ] 8. Homeless Activities

[ ] 3. Public Service [ ] 6. Admin/Impl/Planning/FH [ ] 9. Other (specify):

|  |  |  |
| --- | --- | --- |
| Total Contract or Subcontract Amount | Grant Funds from this Grant Number included in the Total Contract Amount | Date Contract or Change Order Signed |
|  |  |  |

**Name, Email and Phone Number of Person Completing this Report**

Name:  Title: 

Email Address:  Phone Number: 