MBE/WBE CONTRACT COMPLIANCE CLOSE-OUT REPORT
(To be completed by Consultant/Contractor)

Project Name:	
Solicitation No.:	**Contract No.:**
Consultant/Contractor Name:	
Project Mgr/Contract Admin.:	
Consultant/Contractor is: ☐**Non-MBE/WBE** ☐**MBE** ☐**WBE** ☐**MBE/WBE Joint Venture**	
MBE/WBE Consultant/Contractor:	**Ethnicity Code:** ☐ **AFRICAN AMERICAN** ☐ **HISPANIC** ☐ **ASIAN/NATIVE AMERICAN** ☐ **WHITE** **Gender Code:** ☐ **FEMALE** ☐ **MALE**

Part 1: Summary Information

Original Contract & Compliance Plan	Approved Changes	Final Total	Actual Amount Paid	Retainage
Contract Amt $_____	$_____	$_____	$_____	$_____
MBE/WBE Amts MBE $_____(___%)	$_____	$_____(___%)	$_____	$_____
If ethnic-specific:				
African-Am $_____(___%)	$_____	$_____(___%)	$_____	$_____
Hispanic $_____(___%)	$_____	$_____(___%)	$_____	$_____
NatIve-Am $_____(___%)	$_____	$_____(___%)	$_____	$_____
Asian-Am $_____(___%)	$_____	$_____(___%)	$_____	$_____
WBE $_____(___%)	$_____	$_____(___%)	$_____	$_____

Part 2: Consultant/Contractor Participation

If contractor/consultant is a MBE or WBE, contractor/consultant participation, minus any amount subcontracted

Original Compliance Plan	Approved Changes	Final Total
$_____(____%)	$_____	$_____(____%)

Part 3: Subcontractor Participation (Duplicate as needed.)

List below all subcontractors/subconsultants/suppliers (MBEs and WBEs as well as non-MBE/WBEs) used in performance of the contract.

Subcontractor _____			
a) Compliance Plan $_____	b) Approved Changes $_____	c) Actual Amount Paid $_____	d) Amt. of Retainage Due $_____

Reasons for any difference in amount contained in original Compliance Plan (a) and final total (c+d)

_____

_____

Subcontractor _____			
a) Compliance Plan $_____	b) Approved Changes $_____	c) Actual Amount Paid $_____	d) Amt. of Retainage Due $_____

Reasons for any difference in amount contained in original Compliance Plan (a) and final total (c+d)

_____

_____

Subcontractor _____			
a) Compliance Plan $_____	b) Approved Changes $_____	c) Actual Amount Paid $_____	d) Amt. of Retainage Due $_____

Reasons for any difference in amount contained in original Compliance Plan (a) and final total (c+d)

_____

_____

Subcontractor _____			
a) Compliance Plan $_____	b) Approved Changes $_____	c) Actual Amount Paid $_____	d) Amt. of Retainage Due $_____

Reasons for any difference in amount contained in original Compliance Plan (a) and final total (c+d)

_____

_____

Part 4: Affidavit

The above information is true and complete to the best of my knowledge and belief.

Name and Title (Print): _____

SIGNATURE: _____ DATE: _____

STATE OF _____

COUNTY OF _____

On the ____ day of _____, 20____, personally appeared

_____, and having been duly sworn by me, subscribed to the foregoing affidavit and has stated that the facts stated therein are true and correct.

_____
Notary Public

_____
Printed Name of Notary

For City of Austin use only:

Did any violations occur on the project? ☐**YES** ☐**NO**

Did the Contractor/Consultant meet the Post-Award Requirements of the MBE/WBE Procurement Program? ☐**YES** ☐**NO**

_____ _____
Project Mgr./Contract Administrator Approval **Date**

_____ _____
SMBR Representative Approval **Date**

_____ _____
SMBR Director Approval **Date**