



The Central New York Regional Transportation Authority
 200 Cortland Avenue
 Syracuse, NY 13205

MWBE Form 101

QUARTERLY MWBE COMPLIANCE REPORT (DUE ON THE 5TH DAY JULY, OCTOBER, JANUARY AND APRIL TO DOCUMENT COMPLIANCE WITH MWBE GOALS)

Contract No.: _____

Successful Bidder/Vendor Name, Address and Phone No.:	Successful Bidder/Vendor Federal ID No.:		MWBE Goals		Reporting Period	
	Description of Project:		MBE%	WBE%	Month	Year
Firm Name, Address and Phone Number (List All Firms)	Description of Work or Supplies Provided	Designation		Payments		Contract Amount
Federal ID No.:		<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> No Payments This Quarter		
Product Code:		<input type="checkbox"/> Sub	<input type="checkbox"/> Supplier			
		<input type="checkbox"/> Broker	<input type="checkbox"/> Team			
		<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other			
		<input type="checkbox"/> Written Contract	<input type="checkbox"/> No Written Contract			
Federal ID No.:		<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> No Payments This Quarter		
Product Code:		<input type="checkbox"/> Sub	<input type="checkbox"/> Supplier			
		<input type="checkbox"/> Broker	<input type="checkbox"/> Team			
		<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other			
		<input type="checkbox"/> Written Contract	<input type="checkbox"/> No Written Contract			
Federal ID No.:		<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> No Payments This Quarter		
Product Code:		<input type="checkbox"/> Sub	<input type="checkbox"/> Supplier			
		<input type="checkbox"/> Broker	<input type="checkbox"/> Team			
		<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other			
		<input type="checkbox"/> Written Contract	<input type="checkbox"/> No Written Contract			

Federal ID No.: Product Code:		<input type="checkbox"/> MBE <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> WBE <input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Other <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payments This Quarter	
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<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="border-top: 1px solid black; width: 30%;"></div> <div style="border-top: 1px solid black; width: 35%;"></div> <div style="border-top: 1px solid black; width: 30%;"></div> </div>		
Signature	Print Name and Title	Date
Submission of this form constitutes the Successful Bidder's acknowledgement as to the accuracy of the information contained herein. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, suspension and/or termination of the contract.		For [AGENCY] Use Only
		Reviewed By:



THE CENTRAL NEW YORK REGIONAL TRANSPORTATION
AUTHORITY
200 CORTLAND AVENUE
SYRACUSE, NY 13205

MWBE FORM 101 INSTRUCTIONS

**Instructions for Completing the
Commodity and Service Contracts Quarterly Payment Report**

The Successful Bidder's Quarterly Payment Report (Form MWBE 101) is to be completed by the Successful Bidder/Vendor, and submitted by the 5th of each *quarter* month for the duration of the contract. This form should include **all** (e.g. MBE, WBE and non M/WBE) Subcontractors and/or Suppliers assigned by the Successful Bidder/Vendor to perform work during the contract. This reporting should also include payments made by your Subcontractors and/or Suppliers to M/WBE firms.

Complete the form as specified below.

Contract No.	Indicate the Centro Contract No.
Contractor/Vendor Name and Address	Provide your firm's name and address.
Federal ID No.	Enter your firm's Federal ID No.
Goals	Indicate MBE and WBE participation goals.
Product Code	A - Agriculture/Landscaping (e.g., all forms of landscaping services) B - Mining (e.g., geological investigation) C - Construction C15 - Building Construction - General Contractors C16 - Heavy Construction (e.g., highway, pipe laying) C17 - Special Trade Contractors (e.g., plumbing, heating, electrical, carpentry) D - Manufacturing (e.g., production of goods) E - Transportation, Communication and Sanitary Services (e.g., delivery services, warehousing, broadcasting and cable systems) F/G - Wholesale/Retail Goods (e.g., hospital supplies and equipment, food stores, computer stores, office supplies) G52 - Construction Materials (e.g., lumber, paint, lawn supplies) H - Financial, Insurance and Real Estate Services I - Services I73 - Business Services (e.g., copying, advertising, secretarial, janitorial, rental services of equipment, computer programming, security services) I80 - Health Services I81 - Legal Services I82 - Educations Services (e.g., AIDS education, automobile safety, tutoring, public speaking). I83 - Social Services (Counselors, vocational training, child care). I87 - Engineering, architectural, accounting, research, management and related services.

Reporting Period	Fill in the month and year of reporting period. One copy must be submitted with final payment application.
Description of Project	Briefly describe the work you are providing under the terms of this contract.
Firm Name and Address	Provide the name, address and phone number of all Subcontractors/Suppliers assigned by the Contractor/Vendor on this contract or purchase agreement(s).
Federal ID No.	Enter the Subcontractor's/Supplier's Federal ID No. If no Federal ID No. has been assigned, provide only the owner's last four (4) digits of his or her Social Security No.
Payment This Month	Indicate the amount paid <i>this quarter</i> to each Subcontractor/Supplier. If there was no income activity for a Subcontractor/Supplier, please check the box indicating "No Payment This Quarter."
Contract Amount	Enter the total contract amount or purchase agreement(s) for each Subcontractor/Supplier.
Description of Work/Supplies	Briefly describe the work performed or supplies provided by each Subcontractor/Supplier.

Commercially useful function. A minority or women-owned business enterprise performs a commercially useful function when it is responsible for execution of the work of the contract and is carrying out its responsibilities by actually performing, managing, and supervising the work involved. To perform a commercially useful function, a minority or women-owned business enterprise must, where applicable and in accordance with any State Agency specifications, also be responsible, with respect to materials and supplies used on the contract, for ordering and negotiating price, determining quality and quantity and installing. A minority- or women-owned business enterprise does not perform a commercially useful function if its role adds no substantive value and is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to obtain the appearance of participation. Factors to be used in assessing whether a minority- or women-owned business is performing a commercially useful function include: (1) the amount of work subcontracted; (2) industry practices; (3) whether the amount the minority or women-owned business enterprise is to be paid under the contract is commensurate with the work it is to perform; (4) the credit claimed towards minority or women-owned business enterprise utilization goals for the performance of the work by the minority or women-owned business enterprise; and (5) any other relevant factors.

The utilization of certified minority- and women-owned business enterprises for non-commercially useful functions is strictly prohibited.

Proceeds from State contracts that are paid to certified minority- and women-owned business enterprises that are not performing commercially useful functions shall be disregarded by State Agencies for utilization purposes.

Submit to:

Caitlin MacCollum
Senior Director of Procurement
CNYRTA
315.442.3301 Fax
cmaccollum@centro.org