



County of Volusia  
Community Assistance  
110 W. Rich Avenue  
DeLand, FL 32720



## Minority & Women Business Reporting Form (MBE) Information and Instructions for Contractors & Subcontractors

### What is the Minority & Women Business Reporting Form?

Executive Order 12421 dated July 14, 1983 directs that Minority Business Development Plans shall be developed by each Federal Agency and that these annual plans shall establish minority business development objectives.

The information is used by HUD to monitor and evaluate activities. The reporting form allows Volusia County Community Assistance to accurately provide information for these purposes.

### Reporting

This report is to be completed by all contractors for reporting activities on each housing rehabilitation and construction project.

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Row 1 should be used for the submitting contractor's information for each report

All rows after Row 1 should be used for any sub-contractor working under the submitting contractor on the specific project

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Section 7a: Will be completed by Volusia County

Section 7b: Enter the dollar amount (rounded to the nearest dollar) for each listed agency

Section 7c: Enter the numeric code which best indicates each listed agency's service type

\* The "other" category includes supply, professional services, and all other activities except construction and education/training activities

Section 7d: Enter the numeric code which best indicates each listed agency's race/ethnicity

Section 7e: Enter "yes" or "no" to if each listed agency is women owned

Section 7f: Enter "yes" or "no" to if each listed agency is claiming status as a Section 3 business

Section 7g: Enter the overall project contractor's tax id number

Section 7h: Enter the tax id for each listed agency (excluding the overall project contractor)

Section 7i: Enter the Agency Name, Street Address, City, State and Zip Code for each listed agency

County of Volusia Community Assistance Division - Contract and Subcontract - Minority and Women Business Reporting Form

Project Identifier (Completed by Volusia County)	Amount of Contract or Subcontract	Type of Trade Code (See below)	Contractor or Subcontractor Business Racial/Ethnic (See below)	Woman Owned Business (Yes or No)	Section 3 Business (Yes or No)	Prime Contractor Identification (ID) Number	Subcontractor Identification (ID) Number	Contractor/Subcontractor Name and Address				
7a.	7b.	7c.	7d.	7e.	7f.	7g.	7h.	7i.				
								Name	Street	City	State	Zip

	7c: Type of Trade Codes: Housing/Public Housing		7d: Racial/Ethnic Codes:	Submitted by:	
	1 = New Construction      6 = Professional				
	2 = Substantial Rehab.      7 = Tenant Services			Print Name/Title      Date	
3 = Repair      8 = Education/Training		= Black Americans 3		Contractor Name:	
4 = Service      9 = Arch./Engrg. Appraisal		= Native Americans 4			
5 = Project Mangt.      0 - Other		= Hispanic American			
		5 = Asian/Pacific American			



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### Certification of Supplemental Conditions Review

Client Name: \_\_\_\_\_ Bid Number: \_\_\_\_\_

Project Location: \_\_\_\_\_  
\_\_\_\_\_

Contractor Name: \_\_\_\_\_

My signature below constitutes certification that the Supplemental Conditions located at [www.voluisa.org/contractorinfo](http://www.voluisa.org/contractorinfo) have been fully reviewed.

Furthermore, my signature is confirmation that compliance with any and all applicable requirements shall be taken in relation to the above referenced project.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS OR NOTARY:

The foregoing instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_ who is ☐ personally known to me (or) ☐ produced the following identification \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name of Signer