

INSTRUCTIONS FOR SUBCONTRACTOR UTILIZATION REPORT COMPLETION

This form is used to report the utilization of minority/women/disadvantaged or other owned business enterprises during the term of the contract. The form is required monthly as deSigned and must be submitted no later than (15) days following the end of the reporting period. Submit the completed form to the Los Angeles World Airports, Contract Services Division, 7301 World Way West, 2nd Floor, Los Angeles, California, 90045 or e-mailed to utilizationreport@lawa.org. A copy must also be sent to the contract administrator in the division managing the contract.

Contract Number -The number assigned by LAWA. •

Reporting Period -Enter the dates corresponding to the period covered by the report, and state the beginning and ending date; for example "Reporting Period from April 1 through April 30, 2004"

Project Name -The name of deSignation of the project at the time of award.

Prime Contractor -The bidder or proposer to whom the contract was awarded.

Contract Project Mgr. -The name of the project manager acting as coordinator between Prime Contractor and LAWA.

Contract Start Date/Completion -The length of the contract in years, months or days, whichever is appropriate for the term length of the contract. Indicate the start date of the contract and the date the project will be completed.

LAWA Airports Serviced -List all the LAWA airports serviced by this contract.

Original Contract Amount -The total authorized amount at the time of award.

Amendments this Period -Amendments, change orders, quantity extensions, etc. that were added this reporting period.

Authorized Amount to Date -The current value of the contract, including amendments, change orders, quantity extensions, etc.

Total Invoiced to Date -The sum of all invoices from the Prime Contractor to the Los Angeles World Airport. This represents work that has been completed on the contract.

Name and Address of MBE/WBE Utilized This Period -The complete name, address and all requested information for each MBE/WBE subcontractor, vendor or supplier should be listed as indicated on the Participation Form, whether the subcontractor is utilized during this reporting period or not. **Please Note: All MBE/WBE firms must be certified by the City of Los Angeles, Department of Public Works, Bureau of Contract Compliance, Office of Contract Compliance (OCC) or the California Unified Certification Program (CUCP). In addition, the City of Los Angeles recognizes certifications issued by Los Angeles County Metropolitan Transportation Authority (MTA) and California Department of Transportation (Caltrans).** If a firm is not certified by one of the previously mentioned agencies, the dollar amount of its participation will not be counted toward goal achievement. For information regarding the certification process call the Department of Public Works, Bureau of Contract Compliance @ (213) 847-5540.

Group -Check only one appropriate box for MBE, WBE designation. If an M/W/BE application has been submitted and certification is pending, place a "P" in the space under the DBE checkbox.

Description of Work Performed -A brief description of the work performed. Also indicate if this is the only or the final report for a particular subcontractor, vendor or supplier.

Amount Invoiced This Period -List only the amount invoiced by the subcontractor to the Prime Contractor for this reporting period. Indicate if the reported amount was validated by the subcontractor.

Amount Invoiced to Date -The cumulative total invoiced by the subcontractor to the Prime Contractor during the life of the contract. Indicate if the reported amount was validated by the subcontractor.

Total Invoiced This Period -The sum of all invoices from MBE/WBE subcontractors, vendors, and suppliers during the current reporting period.

Total Invoiced to Date -The sum of invoices from the MBE/WBE subcontractors, vendors, and suppliers during the term of the contract. **Pledged Participation Level at Award** -The pledged participation level of the prime contractor at the time of award. These should be the same as the percentages listed under "Participation Levels Proposed by Prime" on the MBE/WBE Participation Form. If they differ, the prime contractor should submit a "Revised Participation Form" for approval by the Contract Services Division.

Achieved Participation Level -The current level of achievement of the Prime Contractor.

Corrective Action Plan -Shall be submitted by the Prime Contractor with the invoice when the Achieved Participation Level, by subcontractor, as reported in the Subcontractor Utilization Report, is below 20% of the contracted Pledged Participation Level. (Do not include subcontractors with no scheduled activity) **Signature/Date** -This report must be signed by a responsible person capable of committing the firm contractually.

Name/Title/Phone -Print the name and title of the person signing this report, telephone number and e-mail address.



SUBCONTRACTOR UTILIZATION REPORT

Contract Number _____
 Project Name _____
 Prime Contractor _____
 Federal ID # _____
 Prime Contractor State License # _____

Contractor Project Mgr. _____
 Project Mgr. Email _____
 Project Mgr. Tel. # _____
 Fax # _____
 Contract Start Date _____ Completion _____

Reporting Period: From: _____ To _____
 Original Contract Amt: \$ _____
 Authorized Amount to Date \$ _____
 Amendments this Period \$ _____
 Total Invoiced to Date \$ _____

Listing of LAWA - approved subcontractors (AS INDICATED ON THE APPROVED SUBCONTRACTOR PARTICIPATION FORM)

Name, Address, Phone and Contact of MBE/WBE Utilized	Group	Description of Work Performed	Amount Invoiced This Period	Amount Invoiced to Date
State License # _____ Email: _____	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	Subcontractor starting date: _____ M/WBE Certification Expires _____	Validated by Subcontr: Y/N	Validated by Subcontr: Y/N
State License # _____ Email: _____	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	Subcontractor starting date: _____ M/WBE Certification Expires _____	Validated by Subcontr: Y/N	Validated by Subcontr: Y/N
State License # _____ Email: _____	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	Subcontractor starting date: _____ M/WBE Certification Expires _____	Validated by Subcontr: Y/N	Validated by Subcontr: Y/N
State License # _____ Email: _____	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	Subcontractor starting date: _____ M/WBE Certification Expires _____	Validated by Subcontr: Y/N	Validated by Subcontr: Y/N

MBE

WBE

Utilization Report Distribution – Please Check

Total invoiced this period: \$ _____ \$ _____

_____ LAWA Division Managing Contract

Total invoiced to date: \$ _____ \$ _____

_____ Contract Services Division

Pledged Participation Level: % _____ % _____

Achieved Participation level: % _____ % _____

Is a Corrective Action Plan required? Yes _____ No _____

I certify under the penalty of perjury that the information contained on this form is true and correct and that the firms listed are the sub lessees/subcontractors that have been, will be, or are being utilized by the Prime contractor awarded this contract. I agree to comply with the Good Faith Effort provisions for substitutions and I further understand and agree that any and all changes or substitutions must Be authorized by LAWA Procurement Services Division prior to implementation.

Signature Date

Name (Please Print)

Title

Phone #

E-mail Address

Please submit copies of all completed forms to the Contract Services Division, 7301 World Way West, Los Angeles, CA 90045, FAX # (310) 646-9620. Monthly submission is required unless otherwise notified; failure to submit the Utilization Form will result in sanctions. (SUR Rev. 8-2007)