

***319 Project Sponsors Required Annual Reporting***

**OMB-U.S. ENVIRONMENTAL PROTECTION AGENCY**

**MBE/WBE UTILIZATION UNDER FEDERAL GRANTS AND COOPERATIVE AGREEMENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***PART 1: PLEASE REVIEW THE INSTRUCTIONS BEFORE COMPLETING*** | | | |  |
| ***1A. FEDERAL FISCAL YEAR THIS REPORT COVERS*** *(Oct. 1- Sept. 30)* | | | ***1B.******REPORT TYPE***  *Annual (due Sept. 20)*  *Final Report (Project completed)* | |
| ***1C. REVISION OF A PRIOR YEAR REPORT?*** *No*  *Yes,* ***Year*** ***Yes, only if you discover you did not report a MBE/WBE last year***  ***IF YES, BRIEFLY DESCRIBE THE REVISIONS YOU ARE MAKING:*** | | | | |
| ***2A.*** *EPA FINANCIAL ASSISTANCE OFFICE ADDRESS*  ***NA*** | ***3A.*** *RECIPIENT NAME AND ADDRESS*  ***Nebraska Department of Environmental Quality***  ***P.O. Box 98922***  ***Lincoln, NE 68509-8922*** | | | |
| ***2B.******NDEE 319 CONTACT***  ***Name:***  ***Email: ndeq.nonpointsource@nebraska.gov***  ***Phone: 402-471-3382***  ***Fax: 402-471-2909*** | ***3B. PROJECT SPONSOR REPORTING CONTACT FOR***  ***YOUR STATE PROJECT NUMBER: 56-***  ***Name:***  ***Address:***  ***Phone:***  ***Email:*** | | | |
| ***4A.*** *FINANCIAL ASSISTANCE AGREEMENT ID NUMBER*    ***NA*** | ***4B.*** *FEDERAL FINANCIAL ASSISTANCE PROGRAM TITLE OR CFDA NUMBER:*  ***66.460 CWA Section 319(h) Nonpoint Source Pollution***  ***Management Program*** | | | |
| ***5A.*** *TOTAL ASSISTANCE AGREEMENT AMOUNT*  *EPA Share: $* ***NA******(NDEE will complete)***  *Recipient Share: $* ***NA*** ***(NDEE will complete)*** | ***5B. If NO procurements and NO accomplishments were made this***  ***reporting period, CHECK below and SKIP to Block No. 7.***  *Procurements are all expenditures through contract, order, purchase, lease or barter of supplies, equipment, construction, or services needed to complete federal assistance programs. Accomplishments, in this context, are procurements made with MBEs and/or WBEs.)*  ***If you did have procurements, proceed to 5C. to enter the TOTAL amount; and, under 5E. break down the procurement amount by appropriate category for a MBE and/or a WBE.*** | | | |
| ***5C.****Total Procurements This Reporting Period (Only include amount not reported in any prior reporting period)*  *Total Procurement Amount $\_*  *(Include total dollar values awarded by recipient, sub-recipients and SRF loan recipients, including MBE/WBE expenditures.)* | | | | |
| ***5D.*** *Were sub-awards issued under this assistance agreement? Yes No* ***(NDEE will complete)***  *Were contracts issued under this assistance agreement? Yes No* ***(NDEE will complete)*** | | | | |
| ***5E.*** *MBE/WBE Accomplishments This Reporting Period*  *Actual MBE/WBE Procurement Accomplished (Include total dollar values awarded by recipient, sub-recipients, SRF loan recipients and Prime Contractors.)*  ***If you entered an amount for total procurement, please categorize the type of procurement and amount under the proper category. You must also identify the business enterprise on the following page.***  ***Construction******Equipment******Services******Supplies*** ***Total***  *$MBE: $00.00 $00.00 $00.00 $00.00 $00.00*  *$WBE: $00.00 $00.00 $00.00**$00.00**$00.00* | | | | |
| ***6.*** *COMMENTS: (If no MBE/WBE procurements, please summarize how certified MBEs/WBEs were notified of the opportunities to compete for the procurement dollars entered in Block 5C and why certified MBEs /WBEs were not awarded any procurement during this reporting period.* ***(NDEE will complete)*** | | | | |
| ***7. NAME OF RECIPIENT’S AUTHORIZED REPRESENTATIVE*** | | ***TITLE*** | | |
| ***8. SIGNATURE OF RECIPIENT’S AUTHORIZED REPRESENTATIVE*** | | ***DATE*** | | |

***Please e-mail completed form(s), signed and dated to:*** [***ndeq.nonpointsource@nebraska.gov***](mailto:ndeq.nonpointsource@nebraska.gov)

***PART II.***

**MBE/WBE PROCUREMENTS MADE DURING REPORTING PERIOD EPA Financial Assistance**

***YOUR* STATE PROJECT NUMBER: 56-**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Procurement Made By | *2. Business Enterprise* | 3. $ Value of  Procuremen*t* | 4. Date  Purchase was Made  MM/DD/YY | 5. Type of Product or  Service (Enter Code 1,2,3, or 4) | 6. Name/Address/Phone Number of MBE/WBE Contractor or Vendor |
| Sub-Recipient Prime  and/or SRF Loan Recipient | *Minority Women* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Recipient

319 sponsors are

sub-recipients

X

Type of Product or Service Codes:

1 = Construction 2 = Supplies 3 = Services 4 = Equipment

***Note: Recipients are required to submit MBE/WBE reports beginning with the federal fiscal year the recipients receive the award, continuing until the project is completed.***

***Please e-mail completed form(s), signed and dated to:*** [***ndeq.nonpointsource@nebraska.gov***](mailto:ndeq.nonpointsource@nebraska.gov)

**GUIDELINEs FOR MBE/WBE rEPORTING**

**Nebraska 319h Sub-Recipients**

Sub-recipients of 319h funding are required to complete and submit a Minority Business Enterprise (MBE) and Women Business Enterprise (WBE) form. The form conveys information on MBE/WBE businesses you may have employed to accomplish your approved project activities such as the procurement of supplies, equipment, construction, or services.

The Nebraska MBE/WBE form is available in both Word and as a PDF on the NDEE website.

***NDEE customized MBE WBE Form due date Sept. 20.pdf***

***NDEE customized MBE WBE Form due date Sept. 20.docx***

A MBE/WBE is to be submitted:

**ANNUALLY** ***(September 20) and upon completion of the project***

A few of the MBE/WBE businesses noted on documentation for 319h requests for reimbursement have included:

Anita’s Greenscaping, Scottsbluff, NE

Arbor Ink, Beatrice, NE

BSB Construction, Curtis, NE

Crawford Clipper/Harrison Sun

Fyra Engineering, Omaha, NE

Rhithron Associates, Missoula, MT

Please refer to the steps below for reporting your good faith efforts in securing goods and services per your agreement with NDEE.

**Part I.**

* ***Box 1A. Reflects the federal fiscal year for which you are reporting.***
* ***Box 1B. Reflects the report type you are submitting. In some instances, that report type may be both Annual and Final.***

If you ***have not***used a minority- or women-owned business during the reporting period, the only boxes you are to complete on the form are **1A – B, 1C (if applicable), 3B, 5B, 7 and 8;** and, you do not need to submit the second page, Part II. The completed and signed form should be emailed to [ndeq.nonpointsource@nebraska.gov](mailto:ndeq.nonpointsource@nebraska.gov).

***If, however***, you did employ a women-owned business, by way of example, you would enter the total procurement amount in box 5C and at 5E under Services SWBE the same dollar amount and continue to Part II to provide additional details.

Part II:

For any business enterprise (contractor and/or vendor) you employed, please provide the detailed information on the form. An example for reporting printing services purchased from a women-owned printing company follows:

* ***Box 1.*** ***Procurement Made By*** All 319 project sponsors are sub-recipients
* ***Box 2****.* ***Business Enterprise*** Women owned business
* ***Box 3***. ***$ Value of Procurement*** $512.33
* ***Box 4. Date*** Date of printing order 9/15/16
* ***Box 5. Type of product/service*** Printing would be Code 3 for services
* ***Box 6. Name/address/phone*** Excellent Printing Services

4541 Sunflower Circle

Gopoke, NE 69876-1174 Phone: 123-456-7890

For help in completing the form, please e-mail us at [ndeq.nonpointsource@nebraska.gov](mailto:ndeq.nonpointsourc@nebraska.gov)

or phone 402-471-3382