

	Maryland State Highway Administration Office of Equal Opportunity 211 East Madison Street, M-LL3, Baltimore, MD 21202 Voice: (410) 545-0325 Toll Free: (888) 545-0098 Fax: (410) 209-5008 Email: shacompliance@sha.state.md.us
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PLEASE COMPLETE AND RETURN BY THE 10TH OF THE MONTH FOLLOWING THE REPORTING PERIOD.

FOR THE REPORTING PERIOD ENDING : _____ *MONTH/YEAR*

SubRecipient Name: _____

Name of Project: _____

Contract Number: _____ *For Office use only*

Primecontractor(s) Participating on the contract/task(s)

Primecontractor(s) Name	FEIN #	MDOT Certification #	Ethnicity	Contract Award Date	Contract Expiration Date	Contract Award value	Dollar Amount paid this Reporting Period	Amount Paid to Date	Work Completed? (Yes/No)

Subcontractor(s) on the contract/task(s) Participation Plan

Subcontractor(s) Name	FEIN #	MDOT Certification #	Ethnicity	Subcontract Award Date	Subcontract Expiration Date	Subcontract Award value	Dollar Amount paid this Reporting Period	Amount Paid to Date	Work Completed? (Yes/No)

Subcontractor(s) not on the contract/task(s) Participation Plan

Subcontractor(s) Name	FEIN #	MDOT Certification #	Ethnicity	Subcontract Award Date	Subcontract Expiration Date	Subcontract Award value	Dollar Amount paid this Reporting Period	Amount Paid to Date	Work Completed? (Yes/No)

Comments: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Prepared By: _____	Title: _____
Telephone #: _____	Date: _____
Email Address: _____	