

**DEPARTMENT OF TREASURY
TROUBLED ASSETS RELIEF PROGRAM (TARP)
SMALL, MINORITY and WOMEN-OWNED BUSINESS REPORT**

(See instructions on reverse)

1. CORPORATION, COMPANY, OR SUBDIVISION COVERED			3. DATE SUBMITTED	
a. COMPANY NAME			4. REPORTING PERIOD FROM INCEPTION OF CONTRACT THRU: MONTH or QUARTER YEAR	
b. STREET ADDRESS				
c. CITY		d. STATE	e. ZIP CODE	
2. CONTRACTOR IDENTIFICATION NUMBER			5. TYPE OF REPORT	
6. REPORT SUBMITTED AS <i>(Check one and provide appropriate number)</i>			a. <input type="checkbox"/> MONTHLY <input type="checkbox"/> FINAL	
<input type="checkbox"/> PRIME CONTRACTOR	PRIME CONTRACT NUMBER		b. <input type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISED REPORT	
	<input type="checkbox"/> SUBCONTRACTOR	SUBCONTRACT NUMBER		

PART I - SUBCONTRACT AWARDS

TYPE	CURRENT TARGET		ACTUAL CUMULATIVE	
	WHOLE DOLLARS	PERCENT	WHOLE DOLLARS	PERCENT
7. SMALL BUSINESS CONCERNS:		100%		
7a. 8(a) BUSINESSES				
7b. SMALL DISADVANTAGED BUSINESSES (SDB)				
7c. WOMEN-OWNED SMALL BUSINESSES				
7d. HUBZone SMALL BUSINESSES				
7e. VETERAN-OWNED BUSINESSES				
7f. SERVICE-DISABLED VETERAN -OWNED SMALL BUSINESSES				
8. MINORITY BUSINESSES:		100%		
8a. AFRICAN AMERICANS (AFA)				
8b. ASIAN AMERICANS (ASA)				
8c. HISPANIC AMERICANS (HIS)				
8d. NATIVE AMERICANS (NAT)				
8e. OTHERS (OTH) _____				
9. LARGE BUSINESSES		100%		
9a. MINORITIES				
9b. WOMEN				

PART II - LIST of SUBCONTRACTORS

SUBCONTRACTOR'S NAME	1st or 2nd	CONTRACTOR TYPE	DUNS #	AWARD AMOUNT \$\$\$	TYPE of WORK PERFORMED

PART III - MARKETING and OUTREACH

DATE	TITLE of EVENT	TYPE of OUTREACH	LOCATION

PART IV - REMARKS

NAME OF POINT of CONTACT for S/MWOB PLAN	E-MAIL ADDRESS	TELEPHONE NUMBER	
		AREA CODE	NUMBER

GENERAL INSTRUCTIONS

1. This report is required for large businesses that have been awarded contracts under TARP's Financial Agent Authority.
2. This form collects subcontract award data from prime contractors/ subcontractors that have been awarded a contract under the **Emergency Economic Stabilization Act of 2008**.
3. This report is required for each contract containing a S/MWOB Plan and must be submitted to the The Department of Treasury's Office of Small and Disadvantaged Business (OSDBU's) Director, monthly, during the first quarter of the contract; a separate report is required for each contract at contract completion. Monthly reports are due 15 days after the close of each month unless otherwise directed by the OSDBU. The final report is due 30 days after contract completion. Reports are required when due, regardless of whether there has been any subcontracting activity since the inception of the contract or since the previous report.
4. Only subcontracts involving performance in the U.S. or its outlying areas should be included in this report.
5. Subcontract award data reported on this form by prime contractors/ subcontractors shall be limited to awards made to their 1st and 2nd tiered subcontractors.
6. Actual achievements must be reported on the same basis as the targets set forth in the contract.

PART I - SPECIFIC INSTRUCTIONS

BLOCK 2:

For the Contractor Identification Number, enter the nine-digit Data Universal Numbering System (DUNS) number that identifies the specific contractor establishment. If there is no DUNS number available that identifies the exact name and address entered in Block 1, contact Dun and Bradstreet Information Services at 1-866-705-5711 or via the Internet at <http://www.dnb.com>. The contractor should be prepared to provide the following information: (i) Company legal business name. (ii) Tradestyle, doing business, or other name by which your entity is commonly recognized. (iii) Company physical street address, city, state and ZIP Code. (iv) Company mailing address, city, state and ZIP Code (if separate from physical). (v) Company telephone number. (vi) Date the company was started. (vii) Number of employees at your location. (viii) Chief executive officer/key manager. (ix) Line of business (industry). (x) Company Headquarters name and address (reporting relationship within your entity).

BLOCK 4: Please indicate month or quarter and year of the reporting period.

BLOCK 5: Please indicate "Monthly", "Quarterly", or "Final" report. Indicate if it's an original or revised report.

BLOCK 6: Indicate whether the reporting contractor is submitting this report as a prime contractor or subcontractor and the prime contract or sub- contract number.

BLOCKS 7 through 9: Under "Current Target" enter the dollar and percent in each category (SB, 8(a), SDB, WOSB, HUBZone, VOSB, Service-Disabled, and Large and Minority Businesses) from the S/MWOB plan approved for this contract. (If the original targets agreed upon at contract award have been revised as a result of contract modifications, please explain in Part IV of this form. **Under "Actual Cumulative," enter actual subcontract achievements (dollars and percent) from the inception of the contract through the date of the report shown in Block 4. In cases where indirect costs are included, the amounts should include both direct awards and an appropriate prorated portion of indirect awards.**

However, the dollar amounts reported under "Actual Cumulative" must be for the same period of time as the dollar amounts shown under "Current Target." For a contract with options, the current target should represent the aggregate target since the inception of the contract. For example, if the contractor is submitting the report during Option 2 of a multiple year contract, the current target would be the cumulative target for the base period plus the target for Option 1 and the target for Option 2.

BLOCK 7a - 7f: Report all subcontracts awarded to SBs, 8(a), SDBs, WOSB, HUBZones, VOSB, and Service-Disabled VOSB.

BLOCK 8: Report all subcontracts awarded to Minority-Owned Businesses, as as defined in section 21A(r)(4) of the Federal Home Loan Bank Act (12 U.S.C. 1441a(r)(4)).

BLOCK 9: Report all subcontracts awarded to Large (including Women-Owned and Minority Businesses (including African Americans, Asian Americans, Hispanic Americans, Native Americans and others deemed by Small Business Administration.

PART II - LIST OF SUBCONTRACTORS

Please list subcontractor's name, as listed in the Central Contractor's Registration (CCR) database (www.ccr.gov). Indicate whether a first or second tier sub- contractor. Indicate contractor type as **AFA** (African American), **ASA** (Asian American), **HS** (Hispanic American), **NAT** (Native American), **OTH** (Other).

PART III - MARKETING AND OUTREACH

Provide a summary of those events sponsored by your organization. (i.e., in-house counseling, conference, meetings, telephone calls, etc.)

PART IV - REMARKS

Enter a short narrative explanation if targets were not met.

