

A-1
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MANUAL INPUT FORM
PRIME CONTRACTOR INFORMATION
PAGE 1 OF 2

Please supply the following information for each Prime Contractor

*State Agency: _____

*Administration/Dept.: _____

*Contract Number: DHMH-DOC# *MBE Goal: _____ %

*Prime Contractor: _____

**Prime Contractor Taxpayer ID: _____

INITIAL CONTRACT PERIOD: From _____ To _____

*Total Award Amount: \$ _____ *MBE Obligation Amount \$ _____

**Amount Paid to MBE's: \$ _____

OPTION PERIOD #1: From _____ To _____

*Total Award Amount: \$ _____ *MBE Obligation Amount \$ _____

**Amount Paid to MBE's: \$ _____

OPTION PERIOD #2: From _____ To _____

*Total Award Amount: \$ _____ *MBE Obligation Amount \$ _____

**Amount Paid to MBE's: \$ _____

* To be completed by Agency

** To be completed by Prime Contractor

A-1 (con't)
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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PAGE 2 OF 2

OPTION PERIOD #3: From _____ To _____

***Total Award Amount:** \$ _____ ***MBE Obligation Amount** \$ _____

****Amount Paid to MBE's:** \$ _____

****Prime Contractor Notes:** _____

****Prepared By:** _____

****Preparer's Phone Number:** _____

*** To be completed by Agency**

**** To be completed by Prime Contractor**