

PRIME CONTRACTOR AND SUBCONTRACTOR ACTIVITY REPORT

FORM H

Owner: _____

Prime Contractor: _____

Address: _____

Address: _____

Project Name: _____

Contract Amount: \$ _____

Project Address: _____

Federal Tax ID Number _____

Racial/Ethnic Identification Code(see code below): _____

ONE COPY OF THIS FORM TO BE COMPLETED AND RETURNED AT BID AWARD, ONE COPY COMPLETED AND SUBMITTED WITH FINAL PAY REQUEST

Racial/Ethnic Code 1-7 (see below)	Certified DBE (Y or N)	Subcontractor Federal Tax ID Number	SUBCONTRACTOR NAME AND ADDRESS					
			Company Name	Address	City	State	Zip Code	Phone Number

- | |
|--|
| <p align="center">Racial/Ethnic Code</p> <p>1. White American 5. Asian/Pacific American
 2. Black American 6. Women Business Enterprise
 3. Native American 7. Other
 4. Hispanic American</p> |
|--|

COMPLETED BY: _____

DATE: _____

MAKE COPIES IF ADDITIONAL SPACE IS NEEDED