## DEPARTMENT OF ADMINISTRATIVE SERVICES SUPPLIER DIVERSITY PROGRAM

FISCAL YEAR - 2014

(2014-2015)

## SMALL/MINORITY BUSINESS ENTERPRISE QUARTERLY REPORT - FOR REPORTING CAPITAL IMPROVEMENT EXPENDITURES

Fiscal Year Quarter 1ST / 2ND / 3RD / 4TH				Fiscal Year Period			
ENTER	THIS QTR-	}-	1ST QTR				
Agency Name:	Materials Innovation and Recycling Authority			Agency Number:			
Prepared by:	Vicki Arnum			E-mail Address:	varnum@crra.org		
Tel. # -	860-757-7738						
,			NT FUNDS AVAILABLE FROM Y				
Page 1 (Summary Page) From The Annual Goals Calcula				ulations Report			
				QTR TOTALS (\$)	Contracts	YTD TOTALS (\$)	Contracts
from Smal	II and Minority Con	ntracto	ments Expenditures for Purchases ors.  MBE EXPENDITURES	\$ -		\$ -	
Total Agency FY Capital Improvements Expenditures for Purchases from Minority Business Enterprises (MBE) only.  PLEASE CATEGORIZE:						-	
A) Black (B)							
B) Hispanic (H)							
C) Iberian Peninsula (I)							
D) Asian (A)							
E) American Indian (N)							
F) Disabled American Indian (DN)							
G) Disabled Individual (D)							
H) Woman (W)							
I) Woman Black (BW)							
J) Woman Hispanic (HW)							
K) Woman Iberian Peninsula (IW)							
L) Woman Asian (AW)							
M) Woman American Indian (NW)							
N) Woman Disabled (DW)							
O) Disabled Black American (DB)							
P) Disabled Hispanic American (DH)							
Q) Disabled Iberian Peninsula Woman (DIW)							
R) Disabled Asian American (DA)							
S) Disabled Black American Woman (DBW)							
T) Disabled American Indian Woman (DNW)							
U) Disabled Asian American Woman (DAW)							
V) Disable	ed Hispanic Americ	ican W	oman (DHW)				
			MBE TOTALS (Lines A-	·/) \$ -		\$ -	

## SMALL/ MINORITY BUSINESS ENTERPRISE QUARTERLY REPORT FOR REPORTING CAPITAL IMPROVEMENT EXPENDITURES

FY QUARTER PERIOD		In reporting data below, does your Agency utilize C.O.R.E.?			
gency Name: Connecticut Resources Recovery Authority					
Report Prepared by:	Vicki Arn	um	Agency Number:		
CERTIFIED	VENDORS ONLY	ACTUAL EXPENDITURES		SPECIFY:	
	(A) ss Enterprise (SBE) OR Enterprise (MBE) Vendor Name	(B) State Contract # OR P.O. #	(C) DAS Certified SBE/MBE AMOUNT	(D) MBE Category	
- 2 (Back-Up)		SBE/MBE TOTAL	\$ -		