**RDA GRANTEE MONTHLY UTILIZATION REPORT**

This report should be completed and submitted monthly by each RDA Grantee. A self-certification form or state issued certification letter, if applicable, must accompany each entry at its initial appearance on the report. Use additional sheets if necessary. Each individual report must have an original signature. Reports should be submitted no later than the 5th of every month to: rda@successwithods.com. If you have any questions, please contact your compliance representative at (219) 395-9564.

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| --- | --- | --- |
| Utilization Goals | MBE: 15%WBE: 5% | Reporting Period (Please check)□ Jan □ Feb □ Mar □ Apr □ May □ June □ July □ Aug □ Sept □ Oct □ Nov □ Dec  |
| Name of Grantee:  | Address: | City: | State: | Zip:  |
| Contact Person: | Title: | Department: |
| Phone: | Fax: | Email: |
| Name of Project: | Start Date: | End Date: |
| **Total Grant Amount:** | $ | **Total MBE Amount:** | $ | **Total WBE Amount:** | $ |
| **Amount Spent This Month:** | $ | **Amount Spent this Month:** | $ | **Amount Spend this Month:** | $ |
| **Balance as of this Report:** | $ | **Balance as of this Report:** | $ | **Balance as of this Report:** | $ |
| List all firms receiving payment using RDA funds on this project | Type of Firm | Total Contract Amount | Payment Information | Balance to be Paid |
| MBE | WBE |
| Name:Address:City: State: Zip: | □ | □ | Contract Amount: | $ | Previous: $Current:$ | $ |
| Adjustments: | $ |
| Rev. Contract Amount: | $ |
| Name:Address:City: State: Zip: | □ | □ | Contract Amount: | $ | Previous: $Current:$ | $ |

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| --- | --- | --- | --- | --- |
| List all firms receiving payment using RDA funds on this project | Type of Firm | Total Contract Amount | Payment Information | Balance to be Paid |
| MBE | WBE |
| Name:Address:City: State: Zip: | □ | □ | Contract Amount: | $ | Previous: $Current:$ | $ |
| Name:Address:City: State: Zip: | □ | □ | Contract Amount: | $ | Previous: $Current:$ | $ |
| Name:Address:City: State: Zip: | □ | □ | Contract Amount: | $ | Previous: $Current:$ | $ |
| Name:Address:City: State: Zip: | □ | □ | Contract Amount: | $ | Previous: $Current:$ | $ |
| Name:Address:City: State: Zip: | □ | □ | Contract Amount: | $ | Previous: $Current:$ | $ |
| Name:Address:City: State: Zip: | □ | □ | Contract Amount: | $ | Previous: $Current:$ | $ |
| Name:Address:City: State: Zip: | □ | □ | Contract Amount: | $ | Previous: $Current:$ | $ |

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| --- | --- | --- | --- | --- |
| List all firms receiving payment using RDA funds on this project | Type of Firm | Total Contract Amount | Payment Information | Balance to be Paid |
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| Name:Address:City: State: Zip: | □ | □ | Contract Amount: | $ | Previous: $Current:$ | $ |
| Name:Address:City: State: Zip: | □ | □ | Contract Amount: | $ | Previous: $Current:$ | $ |
| Name:Address:City: State: Zip: | □ | □ | Contract Amount: | $ | Previous: $Current:$ | $ |
| Name:Address:City: State: Zip: | □ | □ | Contract Amount: | $ | Previous: $Current:$ | $ |
| Name:Address:City: State: Zip: | □ | □ | Contract Amount: | $ | Previous: $Current:$ | $ |
| I, *(insert name and company here)*, affirm by my signature below that I am an authorized representative of *(insert company name here)* and that the information provided on this report is accurate and has not been falsified. |
| Signature: | Date: |

*RDA Grantee Monthly Utilization Report – 08/04/09 SLM*