

Water Resources Control Board - Division of Financial Assistance
 Disadvantaged Business Enterprise (DBE) Utilization
 Federal Clean Water Grant or Clean Water State Revolving Fund

1. All purchases for this contract are completed. Check here [<input type="checkbox"/>]	2. Grant/Loan No:	3. Reporting Period	4. Total Accumulated Payments Paid to Contractor: \$		
1. Purchase Period Under the Financing Agreement: Start Date: _____ End Date: _____			2. Total Payments to Prime Contractor this Period: \$		
3. Recipient's Name and Address:		4. Recipient's Contact Person and Phone Number:			
5. 9. MBE/WBE Payments Paid by Prime Contractor during Reporting Period (Amount(S) Included In Box No. 6.)					
Purchase made by Recipient/Contractor	Business Enterprise Dollar Value of Procurement		Award Date (mm/dd/yy)	Product Type Code	Name and Address of DBE Contractor, Subcontractor or Vendor
	MBE	WBE			
Totals	\$	\$			
10. Comments:					
11. Signature and Title of Recipient's Authorized Representative				12. Date	

Return to:

Water Resources Control Board
 Division of Financial Assistance
 PO Box 944212
 Sacramento CA 94244-2120

Type of Product of Service Codes:

1 = Construction 2 = Supplies

3 = Services 4 = Equipment
 a = Business Services
 b = Professional Services
 c = Repair Services
 d = Personal Services

Form UR 334

**STATE WATER RESOURCES CONTROL BOARD
DIVISION OF FINANCIAL ASSISTANCE
DISADVANTAGED BUSINESS ENTERPRISE (DBE) UTILIZATION
FEDERAL CLEAN WATER GRANT OR CLEAN WATER STATE REVOLVING
INSTRUCTIONS FOR COMPLETING THE UR 334**

- Box 1** Check this box only if *all* procurements (purchases) under this financing agreement or grant have been completed during the reporting period or a previous period. If you check this box, we will no longer send you a survey.
- Box 2** Clean Water State Revolving Fund Project Number.
- Box 3** If you are sending data for more than one period, copy the form and prepare multiple reports. (Note: Reporting the information in the proper period is not as important as collecting and reporting all DBE purchases.)
- Box 4** Enter the total amount of payments paid to the prime contractor including previous periods.
- Box 5** Enter the dates between which you plan to make procurements under this financing agreement or grant.
- Box 6** Enter the total dollar amount of payments paid to prime contractor for this reporting period. This total includes DBE sub-contractor payments shown in box No. 9.
- Box 7** Enter the financing agreement or grantee name and address.
- Box 8** Enter the financing agreement or grantee contact person's name and phone number.
- Box 9** Enter details for the DBE purchases *only* and be sure to limit them to the same period used for Box 6. 1) Use either an "R" or a "C" to represent "Recipient" or "Contractor." 2) Enter a dollar total for DBE and total the two columns at the bottom of the section. 3) Provide an award date. 4) Enter a product type choice from those at the bottom of the page. 5) List the vendor name and address in the right-hand column.
- Box 10** This box is for explanatory information or questions.
- Box 11** Provide an Authorized Representative signature.
- Box 12** Enter the date of signature by Authorized Representative.