MINORITY BUSINESS UTILIZATION PLAN

FISCAL YEAR 2006-2007

Agency Name:

Agency Address:

Contact Person: Telephone:

GOAL

TOTAL AMOUNT BUDGETED:

TOTAL DOLLAR AMOUNT OF FUNDS EXPENDED:

DOLLAR GOAL FOR MBE:

PERCENT:

Approved: Agency Head or Chairperson of Board **Title:** **Date:**

Approved: Director, Office of Small and Minority Business Assistance **Title:** **Date:**

OSMBA Form Number 102
(Revised: 8/31/06)

AGENCY PROFILE FOR FY 2006-2007

Agency Name:

Address of Agency:

Agency Head Name: Telephone:

MBE Liaison Officer: Telephone:

Procurement Director: Telephone:

Mission of Agency:

Major Types of Goods and Services Purchased:

Services:	**Supplies:**	**Equipment:**	**Construction:**

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Revised: 8/31/06