

## Exhibit E

### CHDO Operating Assistance Program (COAP) Minority Business Enterprise/Woman Business Enterprise Data Collection Form SFY 2008

To comply with HOME Program data reporting requirements, DCA requires that a COAP recipient complete the attached form providing information on the minority business enterprise (MBE) or woman business enterprise (WBE) status of each contractor and subcontractor. A minority/woman business enterprise is one in which fifty-one percent or more of the ownership is by minorities/women. Completion of this form is required as a condition of the final draw under the grant.

**Please report on each contractor and subcontractor involved in your project. Organize your report to list the Primary Contractor information first, followed by the subcontractor information.** Make photocopies of this form if more space is necessary.

#### A. Project Information

*Please enter all of the project-specific information on the spaces provided. They are as follows:*

- Project Name
- Owner Name
- Name of Contact Person
- Development Location (include city and county)
- Phone Number (including area code)
- Date of Submission (the date you submit the form to DCA)

#### B. Primary Contractor/Subcontractor Information

*Every project should have a prime contractor identified if any funds are used through this program to hire a contractor. If the owner is serving as the prime, then please provide the owner's information accordingly. For each contractor and subcontractor that worked on the project, regardless of MBE/WBE status, enter the following information on the space provided:*

- Name
- General Contractor ID Number/Subcontractor ID Number (mandatory information – this is generally a Tax ID Number or a Social Security Number)
- Mailing Address
- City
- State
- Zip Code
- Contract Amount (**PLEASE NOTE: THE CONTRACT AMOUNT FOR THE PRIMARY CONTRACTOR SHOULD NOT INCLUDE ANY MONEY PAID OUT TO SUBCONTRACTORS, BUT ONLY WHAT WAS KEPT BY THE PRIMARY CONTRACTOR AS FEES AND/OR PAYMENTS.**)
- MBE/WBE? (do not leave blank, columns must have a “y” or “n”)
- Race or Ethnicity Code (do not leave blank, refer to codes at the bottom of the form)
- Trade Code (do not leave blank, refer to codes at the bottom of the form).



**Georgia Department of Community Affairs**  
**Office of Special Housing Initiatives**  
 CHDO Operating Assistance Program  
 Minority Business Enterprise/Women Business Enterprise Data Collection Form

**Project Information**

Project Name: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_

Development Location: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Date of Submission: \_\_\_\_\_

Primary Contractor Information	General Contractor ID #	Address	City	State	Zip	Contract Amount	Ethr	
							MBE (y/n)	WBE (y/n)
<b>Subtotal</b>								

Sub Contractor Information	Subcontractor ID #	Address	City	State	Zip	Contract Amount	Ethr	
							MBE (y/n)	WBE (y/n)
<b>Subtotal (subcontractors)</b>								

**(1) Ethnicity Codes:**

- 1 - White (non-Hispanic)
- 2 - Black (non-Hispanic)
- 3 - Native Americans
- 4 - Hispanic Americans
- 5 - Asian/Pacific Islanders
- 6 - Hasidic Jews

**(2) Trade Codes:**

- 1 - New Construction
- 2 - Substantial Rehab
- 3 - Repair
- 4 - Service
- 5 - Project Management
- 6 - Professional
- 7 - Tenant Services
- 8 - Education / Training
- 9 - Architectural / Engineering / Appraisal