

MBE WAIVERS - AGENCY SUMMARY

Attachment 1

_____ (Agency) Report
 FY _____ Reporting Period

	Number of	Number of
	Waivers	Waivers
Month	Requested	Granted
July		
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
TOTAL		

For months with no requested or granted wiavers, place a zero in the box.