



Lcdo. Ángel M. Castillo Rodríguez  
Comisionado

Sra. Maureen Calderón Alers, MBA  
Subcomisionada

*"La mano amiga de los municipios"*

**CIRCULAR INFORMATIVA 2008 - 18**

17 de julio de 2008

**A TODOS LOS ALCALDES, DIRECTORES  
DE PROGRAMAS FEDERALES Y  
ESPECIALISTA EN NORMAS LABORALES  
DE LOS MUNICIPIOS "NON-ENTITLEMENT"**

Lcdo. Ángel M. Castillo Rodríguez  
Comisionado

**RADICACION INFORME HUD-2516 "CONTRACT AND SUBCONTRACT ACTIVITY"**

Como es de su conocimiento, el Informe "Contract and Subcontract Activity" (Forma HUD-2516) es utilizado por el Gobierno Federal, para medir cuantitativamente la participación de las pequeñas empresas en los contratos financiado con los fondos del programa CDBG. Este informe debe ser completado anualmente cubriendo el periodo de **octubre de 2007 a septiembre de 2008**.

A esos efectos, le requerimos la radicación del mencionado informe **no más tarde del 26 de septiembre de 2008**. El mismo puede ser remitido por e-mail: [iguerra@ocam.gobierno.pr](mailto:iguerra@ocam.gobierno.pr) ó vía facsímil al (787) 763-5970, con atención a la Sra. Yvonne Guerra, Supervisora del Area de Asistencia Técnica de Programas Federales.

Adjunto los formularios necesarios para incluir la información solicitada. Es importante mencionar, que **se utilizará un formulario para cada año programa**.

Para aclarar cualquier duda sobre el particular, favor comunicarse al teléfono (787) 754-1600 extensión 302. Debe referirse al número de control 7-46.

AMCTRM/YG/CIRCULAR INFORMATIVAMEMO RADICACION INFORME HUD-2516 CONTRACT AND SUBCONTRACT ACTIVITY (7-25)

Anejos

**INSTRUCCIONES PARA CUMPLIMENTAR EL "CONTRACT AND SUBCONTRACT  
ACTIVITY REPORT" (FORMA HUD-2516)**

1. GRANTEE - Municipio
2. LOCATION - Dirección Municipio
3. CONTACT PERSON - a. Nombre de la persona que prepara el informe  
b. Número de teléfono
4. REPORTING PERIOD - Periodo que cubre el informe (oct 1, 2006 a sept 30, 2007)
5. PROGRAM CODE - (No aplica)
6. DATE SUBMITTED - Fecha de radicación de informe a OCAM
- 7<sup>a</sup> PROJECT NUMBER - Numero de proyecto: Ej: 07-FC-03-001
- 7<sup>b</sup> AMOUNT OF CONTRACT - Costo de Contrato (s)
- 7<sup>c</sup> TYPE OF TRADE CODE - Escoger una de las siguientes codificaciones que aplican al Programa CDBG.
  - (1) Nueva construcción
  - (2) Rehabilitación sustancial
  - (3) Reparación
  - (4) Servicios
  - (5) Servicios profesionales
  - (6) Servicio de Arquitectura e Ingeniería
- 7<sup>d</sup> RACIAL ETHNIC- Origen racial (Escoger una de las siguientes codificaciones)
  - (1) Blanco americano
  - (2) Negro Americano
  - (3) Indio Americano
  - (4) Hispano
  - (5) Asiático
  - (6) Judío
- 7<sup>e</sup> WOMEN OWNED BUSINESS - Dueño de Empresa del sexo femenino (indicar sí o no)
- 7<sup>f</sup> PRIME CONTRACTOR ID NUMBER - Número de Seguro Social Patronal del Contratista
- 7<sup>g</sup> SECTION 3 - Aplicabilidad de la Sec. 3. indicando si contratista ofrece empleo a residentes del Municipio. (Indicar sí o no)
- 7<sup>h</sup> Subcontractor ID Number - Número Seguro Social Patronal de Subcontratista
- 7<sup>i</sup> Section 3 Aplicabilidad de la Sec. 3 indicando si subcontratista ofrece empleo a residentes del Municipio. (Indicar sí o no)
- 7<sup>j</sup> Contractor/Subcontractor, name and address - Nombre de la Compañía, Dirección completa y el Código postal

**CONTRACT AND SUBCONTRACT ACTIVITY**

**U.S. Department of Housing and Urban Development**

Public Reporting Burden for this collection of information is estimated to average .50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and collection of information. This information is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB Control Number.

Executive Order 12421 dated July 14, 1983, directs the Minority Business Development Plans shall be developed by each Federal Agency and that these annual plans shall establish minority business development objectives. The information is to be reported against the total program activity and the designated minority business enterprise (MBE) goals. The Department requires the information to provide guidance and oversight for programs for the development of minority business development. If the information is not collected HUD would not be able to establish meaningful MBE goals nor evaluate MBE performance against these goals. While no assurances of confidentiality is pledged to respondents, HUD Freedom of Information request.

**Privacy Act Notice** - The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, United States Code, Section 1706, and thereunder at Title 12, Code of Federal Regulations. It will not be disclosed or released outside the United States Department of Housing and Urban Development without your consent, except as required or permitted by law.

1. Grantee/Project Owner/Developer/Sponsor/Builder/Agency						Check if: PHA <input type="checkbox"/> Ch IHA <input type="checkbox"/> Ch		2. Location (City, State, Zip Code)		
3a. Name of Contact Person			3b. Phone Number (Including Area Code)			4. Reporting Period Oct. 1 - Sept. 30 (Annual-FY)		5. Program Code (Not applicable for CPD Programs.) See explanation of codes at bottom of page. Use a separate sheet for each program code.		
Grant/Project Number or HUD Case Number or other identification of property, subdivision, dwelling unit, etc. 7a.	Amount of Contract or Subcontract 7b.	Type of Trade Code (See below) 7c.	Contractor or Subcontractor Business Racial/Ethnic Code (See below) 7d.	Woman Owned Business (Yes or No) 7e.	Prime Contractor Identification (ID) Number 7f.	Sec. 3 7g.	Subcontractor Identification (ID) Number 7h.	Sec. 3 7i.	Contractor/Subcontractor Name 7j.	
									Name	Street

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| <p><b>CPD:</b><br/>1=New Construction<br/>2=Education/Training<br/>3=Other</p> | <p><b>7c. Type of Trade Codes:</b><br/>Housing/Public Housing:<br/>1=New Construction<br/>2=Substantial Rehab.<br/>3=Repair<br/>4=Service<br/>5=Project Mangt.</p> | <p><b>7d. Racial/Ethnic Codes:</b><br/>6=Professional<br/>7=Tenant Services<br/>8=Education/Training<br/>9=Arch./Engng. Appraisal<br/>0=Other</p> | <p><b>5: Program Codes (Complete for Hou</b><br/>1=All insured, including Section 8<br/>2=Flexible Subsidy<br/>3=Section 8 Noninsured, Non-HFDA<br/>4=Insured (Management)</p> |
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Previous editions are obsolete.

## CONTRACT AND SUBCONTRACT ACTIVITY

U.S. Department of Housing and Urban Development

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