## Supplier Diversity Program (SDP) Spending Report SDP Plan Form #3

Document Number/Name: Explosive Ordnance Device Equipment, #DFS-EOD-2014

July 2017-June 2018 FY18

within 45 days of the end of each quarter to Commonwealth Contract Manager. Instructions: This form must include information on your company's spending with your Supplier Diversity Program (SDP) Partner(s) and must be completed and submitted

Part I Contractor Information (Required)

		Federal Resources Supply Charlotte Poe		Name Company Contact Name 10
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SDP Partner Information (Required) (Insert additional lines as needed)

Part II

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		The state of the s		Direct Land	Certification Tyne***	Email Address**	Sur Partner(s) company

If not in compliance, please explain why and what actions will be taken to bring your company to compliance with the annual spending commitment:

Under the pains and penalties of perjury I certify that the information provided in this report is accurate.

Part III

Date 10-Aug-18	Authorized Signature (May be left blank if submitted electronically)	Email charlotte.poe@federalresources.com	Phone 410-6308467	Title Compliance Manager	Name Charlotte Poe
		s.com			

<sup>\*</sup>This is your company's SDP Plan commitment percentage submitted in your Bid Response or established through negotiation.

<sup>\*\*</sup>The Supplier Diversity Office and contracting department reserves the right to contact SDP Partners at any time to request that they attest to the amounts reported to have been paid to them by the Contractor.

<sup>\*\*\*</sup>Certification Status for SDP Partner(s) can be checked at www.mass.gov/sdo