



# MONTHLY (CBE) UTILIZATION REPORT

Report No. \_\_\_\_\_

<b>Contract #:</b>	<b>Contract Amount:</b>	<b>Date Form Submitted:</b>	
<b>Project Description:</b>		<b>Project Completion Date:</b>	
<b>Prime Contractor:</b>		<b>Period Ending:</b>	<b>Amt. Paid to Prime:</b>
<b>Contact Person:</b>		<b>Telephone#: (    )</b>	<b>Fax#: (    )</b>

## SUBCONTRACTING INFORMATION

TO BE SUBMITTED TO BROWARD COUNTY OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT

CBE Subcontractor	Address	Description of Work	Original Agreed Price	Revised Agreed Price	% of work Completed to Date	Amount Paid This Period	Amount Paid To Date
<b>Total Amount Paid to Subcontractors to Date:</b>							

I certify that the information submitted in this report is in fact true and correct to the best of my knowledge

<b>Signature:</b>	<b>Title:</b>	<b>Date:</b>
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**Note: The information provided herein is subject to verification by the Office of Economic and Small Business Development.**