



MONTHLY DBE UTILIZATION REPORT

Report No. _____

CONTRACT #:	CONTRACT AMOUNT:	DATE FORM SUBMITTED:	
PROJECT DESCRIPTION:		PROJECT COMPLETION DATE:	
PRIME CONTRACTOR:		PERIOD ENDING:	AMT. PAID TO PRIME:
CONTACT PERSON:		TELEPHONE #: ()	FAX # ()

SUBCONTRACTING INFORMATION

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

DBE Subcontractor	Address	Description of Work	Original Agreed Price	Revised Agreed Price	% of Work Completed To Date	Amount Paid This Period	Amount Paid To Date	Gender		Ethnic Category						
								M	F	B	H	A	NA	W		
Total Amount Paid to DBE Firms																

Black American – B Hispanic American – H Asian American – A Native American – NA Non-Minority Women - W

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

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