



**OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT
FINAL DBE UTILIZATION REPORT**
(To be submitted with the final invoice)

Report No. _____

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

SUBCONTRACTING INFORMATION
All Payments made to DBE Firms must be reported on this form.

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

Black American – B; Hispanic American – H; Asian American – A; Native American – NA; Non-Minority Woman – 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>
------------------	--------------	-------------

Note: The information provided herein is subject to verification by the Office of Economic and Small Business Development.