



# M/WBE UTILIZATION REPORT

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

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

## SUBCONTRACTING INFORMATION

TO BE SUBMITTED MONTHLY TO BROWARD COUNTY SMALL BUSINESS DEVELOPMENT DIVISION

M/WBE 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		

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

Signature _____	Title _____	Date _____
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**Note: The information provided herein is subject to verification by the Small Business Development Division.**