



ACDBE UTILIZATION REPORT

Report No. _____

Contract#	Contract Amount:	Date Form Submitted:	
Project Description:		Project Completion Date:	
Prime Concessionaire:		Period Ending:	
Contact Person:		Telephone#: ()	Fax#: ()

SUB-CONCESSIONAIRE INFORMATION

TO BE SUBMITTED TO BROWARD COUNTY SMALL BUSINESS DEVELOPMENT DIVISION

ACDBE Sub-concessionaire/contractor	Address	Description of Service	Original Agreed Amount	Revised Agreed Amount	% achieved to Date	Amount Paid This Period	Amount Paid To date	Gender	Ethnic Category					

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

Signature:	Title:	Date:
-------------------	---------------	--------------

Note: The information provided herein is subject to verification by the Small Business Development Division.