



**OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT  
MONTHLY DBE UTILIZATION REPORT**

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

<b>CONTRACT#:</b>	<b>CONTRACT AMT.:</b>	<b>DATE FORM SUBMITTED:</b>
<b>PROJECT TITLE:</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 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	Amt. Paid This Period	Amt. Paid To Date	Gender		Ethnic Category					
								M	F	B	H	A	NA	W	
<b>Total Amt. Paid to DBE Firms</b>															
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	
<b>Total Amt. paid to Non-DBE Firms</b>															

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.**