



# COUNTY BUSINESS ENTERPRISE (CBE) MONTHLY UTILIZATION REPORT

Report No. \_\_\_\_\_  
CBE Commitment \_\_\_\_%

Contract #: \_\_\_\_\_ Contract Amount: \_\_\_\_\_ Amt. Paid to Prime: \_\_\_\_\_

Project Description: \_\_\_\_\_ Project Completion Date: \_\_\_\_\_ Period Ending Date: \_\_\_\_\_

Prime Contractor: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## SUBCONTRACTING INFORMATION

CBE Firm(s)	Address	Description of Work	Original Agreed Price	Revised Agreed Price	% of work Completed to Date	Amount Paid This Period	Amount Paid to Date
<b>Total Amount Paid to CBE Firm(s) to Date:</b>							

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**This completed form must be submitted to the Project Manager.**

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