



# SMALL BUSINESS ENTERPRISE - ARCHITECTURAL & ENGINEERING MONTHLY UTILIZATION REPORT

☐ MEASURE☐ MONTHLY REPORT (PARTS 1A & 1B)☐ FINAL REPORT (PARTS 1A, 2 & 3)**PARTS 1A & 1B****This part is to be completed by the Prime Consultant and forwarded to the User Department**

This report is required by Miami Dade County. Failure to comply may result in MDC commencing proceedings to impose sanctions on the successful bidder, in addition to pursuing any other available legal remedy. Sanctions may include the suspension of any payment or part thereof, termination or cancellation of the contract, and the denial to participate in any further contracts awarded by MDC.

<b>A</b>	REPORTING PERIOD		CONTRACT NAME		CONTRACT NO.		
	FROM:		PROJECT LOCATION		START DATE		
	TO:		USER DEPARTMENT				
	SBE A&E MEASURE		DEPT. PROJ. MGR/CONTACT PERSON		PHONE	FACSIMILE	
	SBE G&S MEASURE				CONTRACT AWARD		
				DATE	AGREEMENT AMOUNT	CHANGE ORDER MODIFICATION AMOUNT	ADDITIONAL SERVICES AMOUNT
NAME OF PRIME CONSULTANT							
ADDRESS				SCHEDULED COMPLETION DATE		PERCENTAGE OF CONTRACT COMPLETED	
TELEPHONE		FACSIMILE	EMAIL	PROJECT MANAGER (PRIME CONSULTANT)			
AMOUNT REQUISITIONED THIS PERIOD		\$	DATE REQUISITIONED		DID LAST PMT EQUAL REQUISITION AMOUNT?		
TOTAL AMOUNT REQUISITIONED TO DATE		\$			YES <input type="checkbox"/>		
LAST PAYMENT BY MIAMI DADE COUNTY (MDC)		\$	DATE OF LAST PMT BY MDC		NO <input type="checkbox"/>		
TOTAL AMOUNT PAID BY MDC		\$	WAS LAST PMT WITHIN 14 DAYS OF PRIME REQUISITION?		IF NO PLEASE EXPLAIN		
					YES <input type="checkbox"/>		
					NO <input type="checkbox"/>		

<b>B</b>	SUBCONSULTANT(s) DATA											
NAME OF FIRMS	GOAL % (IF APPLICABLE)	MAKE- UP	DESCRIPTION OF WORK	SIGNED AGREEMENT ✓	AGREEMENT AMOUNT	AMOUNT SUB REQUISITIONED THIS PERIOD	DATE OF REQUISITION (FROM SUB)	AMT REQUISITIONED TO DATE	LAST PAYMENT AMT	LAST PAYMENT DATE	Was last pmt. Within 2 days of MDC payment to Prime? Y/N	AMT PAID TO DATE
				TOTALS:								

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF PRIME CONSULTANT\_\_\_\_\_  
DATE\_\_\_\_\_  
PRINT NAME\_\_\_\_\_  
TITLE\_\_\_\_\_  
DATE

**SMALL BUSINESS ENTERPRISE - ARCHITECTURAL & ENGINEERING  
MONTHLY UTILIZATION REPORT - FINAL ONLY**

**This part is to be completed by the Subconsultants and forwarded to the Prime Consultant.**

SUBCONSULTANTS							
NAME OF SUBCONSULTANT AUTHORIZED SIGNATURE OF SUBCONSULTANT	TOTAL AGREEMENT AMOUNT	FINAL SUB REQUISITION AMOUNT	TOTAL PAID TO DATE TO SUBCONSULTANT *	TOTAL SUB REQUISITIONED TO DATE	PROMPT PAYMENT ISSUES (Y/N)	DATE OF WORK COMPLETION	GOAL (%) IF APPLICABLE

**This part is to be executed by the Prime Consultant and forwarded to the User Department.**

SIGNATURE OF AFFIANT (PRIME CONSULTANT)	TITLE	Sworn before me: This _____ day of _____, 20____
PRINTED NAME OF AFFIANT	DATE	NOTARY PUBLIC

**This part is to be completed by the User Department at the time of Final Requisition to SBD.**

DATE \_\_\_\_\_

## **Small Business Enterprise - Architectural & Engineering (SBE-A/E) Program Instructions for the Monthly Utilization Report (MUR)**

**Measure:** Mark if applicable

**Monthly Report (PARTS 1A & 1B):** Mark if applicable

**Final Report (PARTS 1A, 2 & 3):** Mark if applicable (Final MUR should be submitted upon the completion and final payment of project)

### **PART 1A**

**Reporting Period:** The period for which the MUR payment information is being submitted. The MUR is due on the 10<sup>th</sup> of every month; as a result, the reporting period will be for the prior month.

**Contract Name:** The assigned project name as it is identified in the contract documents

**Contract NO.:** The assigned project number as it is identified in the contract documents

**Project Location:** The address or descriptive location of project work site

**Start Date:** Date of work commencement

**User Department:** e.g. GSA, Parks, etc.

**SBE A&E Measure:** List the Small Business Enterprise Architectural & Engineering Program goal percentage.

**SBE G&S Measure:** List the Small Business Enterprise Goods and Services Program goal percentage.

**DEPT. PROJ. MGR/CONTACT PERSON:** Contracting Department project manager or contact person name.

**Phone:** Contracting Department Project Manager or contact person telephone number

**Facsimile:** Contracting Department Project Manager or contact person fax number

**Prime Consultant:** Name of Prime Consultant (Awardee), address and telephone, fax, email and project manager name

**Contract Award:** Date of Contract Award and Agreement Amount

**Change Order Modification Amount:** The total amount of all approved change orders thru the listed reporting period.

**Additional Services Amount:** Any dollar amount added for additional services

**Scheduled Completion Date:** The anticipated date the contract will be completed

## **Small Business Enterprise - Architectural & Engineering (SBE-A/E) Program Instructions for the Monthly Utilization Report (MUR)**

**Percentage of Contract Completed:** The proportion of work that has been completed for this project stated as a percentage

**Amount Requisitioned this Period:** The dollar amount billed/requisitioned to MDC for work performed during the listed reporting period

**Date Requisitioned:** The date the requisitioned amount was submitted to MDC

**Did last MDC Payment Equal Requisition Amount:** If requisition was paid in full, check "YES"; if requisition amount was not paid in full check, "NO" and explain reasons for payment difference in space provided

**Total Amount Requisitioned to Date:** The total dollar amount requisitioned from project inception through the reporting period

**Last Payment by Miami Dade County (MDC):** The last dollar amount paid to Prime by MDC for reporting period

**Date of Last Payment by MDC:** The date of the last payment by MDC for the reporting period

**Was last MDC payment within 14 days of Prime's requisition:** Check "YES" if payment by MDC was made within 14 days of prime's requisition; Check "NO" if payment by MDC was not made within 14 days for any undisputed portion of the prime consultant requisition?

**Total Amount Paid by MDC:** The total amount paid to date by MDC as of the reporting period

### **PART 1B**

**Name of Sub-consultant:** The legal name of all subconsultant(s) participating on the project

**Goal % (If Applicable):** The goal percentage that is being fulfilled by any SBE-A&E sub consultant. If the percentage is different from the percentage listed on the Letter of Agreement (LOA) submitted at time of bid or any SBD approved deviation from the LOA, a new LOA must be submitted to SBD for review and approval.

**SBE-A&E Make-up:** Check if listed firm is meeting a SBE-A&E make up.

**Description of Work:** A brief description of the scope of work to be performed by the subconsultant(s). If the scope of work is different from the scope of work listed on the LOA submitted at time of bid or any SBD approved deviation from the LOA, a new LOA must be submitted to SBD for review and approval.

**Signed Agreement:** Check if Prime has an executed agreement with listed SBE-A&E sub consultant.

## **Small Business Enterprise - Architectural & Engineering (SBE-A/E) Program Instructions for the Monthly Utilization Report (MUR)**

**Agreement Amount:** The dollar value of the executed agreement between the prime consultant and the subconsultant. For CBE subconsultants meeting a goal, the agreement must agree with the LOA submitted at time of bid or any SBD approved deviation. If not, a new LOA must be submitted to SBD for review and approval.

**Amount SUB Requisitioned this Period:** The actual dollar amount requisitioned by the subconsultant during the listed reporting period.

**Date of Requisition (from Sub):** The date of the requisition submitted by subconsultant for payment during the reporting period.

**Amount Requisitioned to Date:** The total dollar amount requisitioned/billed by the subconsultant from project inception thru the listed reporting period.

**Last Payment Amount:** The last dollar amount paid to the subconsultant(s) for the reporting period.

**Last Payment Date:** The date of last payment of subconsultant(s) during the reporting period.

**Was last payment within 2 days of MDC payment to prime:** "Y" for Yes if payment to subconsultant(s) was made within 2 days of MDC payment to prime; "N" for No if payment to subconsultant(s) was not made within 2 days of MDC payment to prime.

**AMT Paid to Date:** The total amount paid to the listed subconsultants(s) from project inception thru the listed reporting period

**Totals:** The total of each column where applicable

**Authorized Signature of Prime Consultant:** Signature of the person completed the form

**Print Name:** Print name

**Title:** Title

**Date:** Date form completed

### **PART 2**

**Name of Sub Consultant:** The legal name of all subconsultant(s) participating on the project.

**Authorized Signature of Sub consultant:** The legal name of all subconsultant(s) participating on the project.

**Total Agreement Amount:** The dollar value of the executed agreement between the prime consultant and subconsultant including amendments.

## **Small Business Enterprise - Architectural & Engineering (SBE-A/E) Program Instructions for the Monthly Utilization Report (MUR)**

**Final SUB Requisition Amount:** Actual dollar amount of final requisitioned to the prime consultant

**Total Paid to Date to Sub consultant:** The total amount paid by the Prime Consultant to the subconsultant.

**Total Sub Requisitioned to Date:** Total amount requisitioned by the subconsultant to date.

**Prompt Payment Issues:** "Y" if your firm has a prompt payment issue and "N" if the SBE-A&E sub consultant does not have prompt payment issue

**Date of Work Completion:** Date the SBE-A&E subconsultant completed the work

**Goal % (If Applicable):** The goal percentage that is being fulfilled by the SBE-A&E subconsultant. If the percentage is different from the percentage listed on LOA or any SBD approved deviation, a new LOA must be submitted to SBD for review and approval.

### **PART 3**

**Executed by:** The signature and printed name of the CEO, President, or an officer of the company, legally authorized to represent the prime consultant

**Sworn before me:** Notary Information

### **COUNTY USE**

**Authorized Signature of PROJ.MGR/Contract Person:** Signature of the contracting department project manager or contact person.

**Print Name:** Print the name of the contracting department project manager or contact person.

**DATE:** Title