

FINAL ☐

SMALL BUSINESS ENTERPRISE - GOODS & SERVICES PROGRAM QUARTERLY UTILIZATION REPORT

This report is required by Miami Dade County (MDC). 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.

REPORTING PERIOD		PROJECT NAME:								%		SBE G&S PROJECT MEASURES	
FROM:				PROJECT NUMBER:				PROJECTED START DATE:				SET-ASIDE	
TO:				PROJECT LOCATION:								GOALS	

PRIME CONTRACTOR																			
NAME:				PHONE:				CONTRACT AWARD DATE		CONTRACT AWARD AMOUNT		CHANGE ORDER AMOUNT		CONTRACT PERIOD		% COMPLETE TO DATE		COMPLETION DATE	
ADDRESS:																			
DATE OF REQUISITION		AMOUNT REQUISITIONED THIS PERIOD		AMOUNT REQUISITIONED TO DATE		DATE OF LAST PAYMENT BY MIAMI-DADE COUNTY		LAST PAYMENT AMOUNT BY MIAMI-DADE COUNTY		Was last MDC Payment within 14 days of Prime's Requisition?		TOTAL AMOUNT PAID BY MIAMI-DADE COUNTY		Did last MDC Payment Equal Requisition Amount?		If No, please explain			
										YES OR NO				YES OR NO					

SMALL BUSINESS ENTERPRISE - GOODS & SERVICES OPPORTUNITIES															
Name of Firm Meeting the Goal	GOAL %	TIER 1, 2, 3, 4	MAKE-UP <input checked="" type="checkbox"/>	CONTRACT PERIOD		DESCRIPTION OF WORK	SIGNED CONTRACT AGREEMENT <input checked="" type="checkbox"/>	CONTRACT AMOUNT	AMOUNT REQUISITIONED THIS PERIOD	DATE OF REQUISITION (FROM SUB)	AMOUNT REQUISITIONED TO DATE	LAST PAYMENT	LAST PAYMENT DATE	Was last pmt. within 2 days of MDC payment to Prime? (Y/N)	PAID TO DATE
				START DATE	END DATE										
TOTAL															

Executed by:

Signature of Affiant

Print Name and Title of Affiant

Date

Phone

Sworn before me:

This _____ Day of _____ 20 _____