



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:			Project Measure	SBE - CONSTRUCTION	SBE - GOOD & SERVICES
FROM:		PROJECT NUMBER:		PROJECTED START DATE:	GOAL		
TO:		PROJECT LOCATION:			TRADE SETASIDE		
		DEPT. PROJECT MANAGER:		TELEPHONE:	SETASIDE		

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 OPPORTUNITIES

Name of firm(s) 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 AMOUNT	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____