

MBE MONTHLY REPORT FOR ANNUAL CONTRACTS

Please submit to: 4880 Bulls Bay Highway, Jacksonville, FL 32219
or fax to (904) 858-1492

Name of Contractor / Consultant:				
Project Title:				Project No.:
For the Time Period of:		Total Contract Amt:	Contact Person: :	Phone No.:
Type of Project: <input type="checkbox"/> Construction <input type="checkbox"/> Design				Activation No.:
MBE Code	MBE Firm Name	Scope of Work	Monthly Payments	Cumulative Payments

PERCENTAGE OF OVERALL CONTRACT COMPLETION: _____%

The undersigned hereby affirms and declares that the above listed firms were actually employed in the performance of work services under this contract, and further that each such firm earned and has been paid the stated amounts for their respective efforts.

Under penalties of perjury, I declare that I have read the foregoing conditions and instructions and the facts are true to the best of my knowledge and beliefs.

Date
Signature
Title

NOTES:

1. CONTRACTOR SHALL ATTACH TO THIS FORM, A TYPEWRITTEN EXPLANATION OF ANY DIFFERENCES IN MBE PARTICIPATION BETWEEN THIS FORM AND MBE FORM 1, INCLUDING AN ACCOUNTING FOR ANY CHANGES IN MBE FIRMS EMPLOYED.
2. **THIS FORM MUST BE COMPLETED AND SUBMITTED WITH CONTRACTOR'S REQUEST FOR MONTHLY AND FINAL PAYMENTS. IN ADDITION, PLEASE SUBMIT A COPY OF THIS FORM DIRECTLY TO THE MINORITY BUSINESS AFFAIRS OFFICE OF THE DUVAL COUNTY SCHOOL BOARD.**