BROWARD COLLEGE
www.broward.edu

REPORT OF SUBCONTRACTOR/SUPPLIER UTILIZATION

Please Submit Report to: The Office of Supplier Relations and Diversity

6400 NW 6TH Way, 2ND Floor, Fort Lauderdale, FL 33309 or Fax to: 954-201-7330

(For questions completing this report call 954-201-7307)

Construction Manager/General Contractor: ABC Construction Company		Email: janedoe@abc.com
Address: 1111 NE 50th Court, Ft. Lauderdale, FL 33309		*Phone:* 954-123-4567
Project Name: Building Remodel	*BC Project Contact:* John Doe	*BC Project Contact Phone:* 954-987-6543
BC Project Contact Email: johndoe@broward.edu	*For the Time Period of: July 2015*	*SDB Participation Goal (%):* 25%
Is Contracting Company a Certified SDB (including Small Minority, Women and Disadvantaged firms) X Yes No		Current Contract Amount $750,000.00

Type of Project: Construction Design Construction Management Other _____

Subcontractor/Supplier Company Name	*Contact Name Phone Number and Email*	*SDB Status White Male, African American, Hispanic American, Native American, Asian American, Woman, Service Disabled Veteran*	*One Time Only *Certification Agency Name (attach copy of Certification)*	*Trade/Scope of Work*	*Current Contract Amount*	*%*	***Monthly Payment*	*Cummulative Amount Paid to Date*
XYZ Incorporated	Mr. XYZ, 305-123-4567, xyz@gmail.com	HA	Broward Schools	Drywall	$ 75,000	10%	$ 12,500	$ 12,500
Zeta Construction	Mrs. Zeta, 9-290-0000, zeta@yahoo.com	AM	SFMSDC	Painting	$ 52,500	7.0%	$ 3,000	$ 7,000
AAA Incroporated	Mr. Jorge, 954-201-0000, jorge.g@aol.com	WOMAN	Broward County	Landscaping	$ 60,000	8.0%	$ -	$ 1,000
				TOTALS	**$ 187,500**	**25.00%**	**$ 15,500**	**$ 20,500**

*Broward College recognizes certifications from the State of Florida Office of Supplier Diversity, Southern Florida Minority Business Development Council [SFMSDC], School Board of Broward County, Woman Business Development Center (Florida), Broward County Government, Palm Beach Government, Miami Dade County Government.

** Indicate whether Fee, General Conditions, etc...paid to CM or GC.

The undersigned ensures that each entity listed above performs a commercially useful function as defined in the Small Disadvantaged Business Program of Broward College. The undersigned also affirms that all payments listed above are true and correct.

Signature of Authorized Person _____ Date _____ Title / Telephone Number _____

Form SDB-7CM
Rev. 8/23/13

- Subcontractor Current Contract Amount: Amount awarded to subcontractor
- Percentage (%): Percent of current contract amount awarded to subcontractor
- Monthly Payment: Monthly amount paid to subcontractor
- Cumulative Amount Paid to Date: Amount paid to subcontractor

SAMPLE