

City of Long Beach
LBSBE Program
SUBCONTRACTOR UTILIZATION REPORT

Project Title: _____ **Report Date** _____

PRIME CONTRACTOR INFORMATION	AMOUNT
Name:	Authorized Contract Amount: \$
Address:	Amended Contract Amount to Date: \$
	LBSBE %Goal Assigned to Bid:
	LBSBE %Goal Committed to:
Project Manager/ Contact Person:	Total Contract Amount to Date: \$
Telephone No:	Total Amount Invoiced to Date to Long Beach SBE/VSBE/LSBE businesses: \$
Email Address:	
Category Group (check all that apply): <input type="checkbox"/> LBSBE <input type="checkbox"/> SBE <input type="checkbox"/> VSBE (MICRO) <input type="checkbox"/> LSBE (LOCAL)	Comments:

CONTRACT DETAILS

APPROVED SUBCONTRACTOR INFORMATION	PROFILE INFORMATION	AMOUNT INVOICED/GROSS RECEIPTS	PROPOSED	% UTILIZED TO DATE
Name:		For this period:	\$	%
Address:				
City/State/Zip:		\$		
Contact Name:	LBSBE Category Group: <input type="checkbox"/> [SBE <input type="checkbox"/> [VSBE <input type="checkbox"/> [LSBE (LOCAL)	To date:	%	
Telephone Number:				
Email Address:		\$		
Long Beach Small Business Enterprise (LBSBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No				

APPROVED SUBCONTRACTOR INFORMATION		PROFILE INFORMATION	AMOUNT INVOICED/GROSS RECEIPTS	PROPOSED	% UTILIZED TO DATE
Name:		LBSBE Category Group: <input type="checkbox"/> [SBE <input type="checkbox"/> [VSBE <input type="checkbox"/> [LSBE (LOCAL)	For this period:		%
Address:			\$	\$	
City/State/Zip:					
Contact Name:			To date:	%	
Telephone Number:			\$		
Email Address: Long Beach Small Business Enterprise (LBSBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
APPROVED SUBCONTRACTOR INFORMATION		PROFILE INFORMATION	AMOUNT INVOICED/GROSS RECEIPTS	PROPOSED	% UTILIZED TO DATE
Name:		LBSBE Category Group: <input type="checkbox"/> [SBE <input type="checkbox"/> [VSBE <input type="checkbox"/> [LSBE (LOCAL)	For this period:		%
Address:			\$	\$	
City/State/Zip:					
Contact Name:			To date:	%	
Telephone Number:			\$		
Email Address: Long Beach Small Business Enterprise (LBSBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
APPROVED SUBCONTRACTOR INFORMATION		PROFILE INFORMATION	AMOUNT INVOICED/GROSS RECEIPTS	PROPOSED	% UTILIZED TO DATE
Name:		LBSBE Category Group: <input type="checkbox"/> [SBE <input type="checkbox"/> [VSBE <input type="checkbox"/> [LSBE (LOCAL)	For this period:		%
Address:			\$	\$	
City/State/Zip:					
Contact Name:			To date:	%	
Telephone Number:			\$		
Email Address: Long Beach Small Business Enterprise (LBSBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No					

I certify under the penalty of perjury that the information contained on this form is true and correct and that the subcontractors listed above are selected firms that were included in the approved LBSBE Participation Plan (SBE-2). I agree to comply with any applicable SLBSBE Program provisions for substitutions and I further understand and agree that any and all changes or substitutions of subcontractors must be authorized by City Staff prior to utilization.

NAME: _____

TITLE: _____

PHONE: _____

SIGNATURE: _____

DATE: _____