

EXHIBIT 4
FLORIDA MBE UTILIZATION REPORT

CONTRACT #: _____ **CONTRACT MANAGER:** _____

REGION: _____ **CIRCUIT:** _____ **LOCATION (COUNTY):** _____

PROGRAM NAME: _____

PROVIDER NAME: _____ **INVOICE MONTH:** _____

ADDRESS: _____ **INVOICE AMOUNT:** _____

TELEPHONE: _____ **CONTRACT AMOUNT:** _____ (ANNUAL) **BUSINESS CLASSIFICATION CODE** _____

**** (ENTER CODES H through R FROM SCHEDULE BELOW, AND FILL IN LINES 1 through 5 IN THE SUBCONTRACTOR TABLE)**

<u>Business Classification</u>	<u>Certified MBE**</u>	<u>Non Certified MBE**</u>	<u>Non Profit Organization</u>
A – Non Minority	H – African American	N – African American	S – 51% or more Minority
B – Small Bus (State)*	I – Hispanic	O – Hispanic	T – 51% or more Minority
C – Small Bus (Federal)	J – Asian/Hawaiian	P – Asian/Hawaiian	Workforce
E – Government Agency (local)	K – Native American	Q – Native American	
G – P.R.I.D.E. M – Non Minority Women (Formerly American Women)	R – Non Minority Women (Formerly American Women)		

(*Defined as 200 employees or less, \$5 million or less net worth and domiciled in Florida)

INSTRUCTIONS

PROVIDER: Complete this form monthly and submit along with your regular invoice to ensure prompt payment.

CONTRACT MANAGER: Forward this form along with invoice to Finance and Accounting.

	ENTER MBE SUBCONTRACTOR NAME	SPURS, SSAN, OR FEID VENDOR #	CMBE/ MBE CODE (H-R)	SUBCONTRACTED PLAN AMT.	AMT. PAID TO MBE SUBCONTRACTOR IN THE CURRENT MONTH	SUBCONTRACT PLAN BALANCE
1						
2						
3						
4						
5						

PROVIDER CERTIFICATION: I certify that the above information is true and correct to the best of my knowledge.

PROVIDER SIGNATURE: _____ **TITLE** _____

PRINT NAME _____ **DATE:** _____