MONTHLY REPORT FOR COJ/JEA JSEB PARTICIPATION

INVOICE NO. _____ FOR PERIOD ENDING _____

NAME OF CONTRACTOR: _____ BID NO.: _____

PROJECT TITLE: _____

PROJECT LOCATION: _____

*JSEB TYPES: **AA:** African American; **WBE:** Woman; **HANA**: Hispanic, Asian, Native American

NAME OF JSEB	TYPE OF JSEB	ADDRESS	TYPE OF WORK	JSEB AMOUNT INCLUDED THIS PAYMENT

TOTAL THIS MONTH: $ _____

PRIOR MONTH JSEB AMOUNT: $ _____

CUMULATIVE JSEB AMOUNT: $ _____

CURRENT TOTAL CONTRACT AMOUNT: $ _____

JSEB PERCENTAGE OF TOTAL CONTRACT: _____ %

JSEB GOAL: _____ %

PERCENTAGE OF OVERALL CONTRACT COMPLETED: _____ %

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.

_____ _____ _____

Signature of Prime Contractor | Title | Date

NOTES:

1. **Contractor shall attach to this form a typewritten explanation of any differences in JSEB participation between this form and the JSEB GOAL, including an accounting for any changes in JSEB firms employed.**

2. **THIS FORM MUST BE COMPLETED AND SUBMITTED WITH CONTRACTOR'S REQUEST FOR MONTHLY AND FINAL PAYMENTS. IN ADDITION, A COPY OR THIS FORM MUST BE SUBMITTED DIRECTLY TO THE JEA SMALL DISADVANTAGED BUSINESS OFFICE, 21 WEST CHURCH STREET, CC6, JACKSONVILLE FLORIDA 32202.**

FORM 1