

### MONTHLY REPORT FOR COJ/JEA JSEB PARTICIPATION

INVOICE NO. \_\_\_\_\_ FOR PERIOD ENDING: \_\_\_\_\_

NAME OF CONTRACTOR: \_\_\_\_\_ BID NO: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_

Name of JSEB	Type of JSEB*	Address	Type of Work	JSEB Amount Included in this payment

\* JSEB Types: **AA** – African American; **WBE**- Woman; **HANA** – Hispanic, Asian, Native American

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 of this form must be submitted directly to the JEA Small Business Office, 21 West Church Street, CC 6, Jacksonville, FL 32202.