

**Schedule J**

*New Orleans International Airport  
Disadvantaged Business Enterprise (DBE) / State & Local Disadvantaged Business Enterprise (SLDBE)  
Quarterly Activity Report*

Project Type DBE or SLDBE: _____	YEAR _____	<input type="checkbox"/> <b>First Quarter January – March</b>	<input type="checkbox"/> <b>Second Quarter April – June</b>	<input type="checkbox"/> <b>Third Quarter July – September</b>	<input type="checkbox"/> <b>Fourth Quarter October – December</b>
-------------------------------------	---------------	---	---	--	---

<b>PRIME CONTRACTOR</b>		
<b>ADDRESS</b>		
<b>PROJECT TITLE</b>	<b>NOAB PROJECT NO.</b>	<b>AMC PROJECT NO. (INTERNAL USE ONLY)</b>
<b>TELEPHONE NO.</b>	<b>FAX NO.</b>	<b>E-MAIL</b>

Amount Paid To Prime This Quarter	Amount Paid To Prime To Date	DBE/SL Original Contract / P.O. Amount	DBE/SL Current Contract Amount	Amount Paid To DBE/SL This Quarter	Amount Paid To DBE/SL To Date
\$	\$	\$	\$	\$	\$

List all DBE/SLDBE payments which have been made by the end of the reporting period.

DBE/SL SUBCONTRACTOR / VENDOR NAME	DESCRIPTION OF SERVICE	Original Contract Amount	Current Contract Amount	Dollars Paid This Qtr	Dollars Paid To Date
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

I, \_\_\_\_\_, certify that the information contained herein is true and correct. I acknowledge that the NOAB may impose a penalty for submitting false information.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, (Year) \_\_\_\_\_.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Title

\_\_\_\_\_  
NOTARY PUBLIC

**Submit To:**  
**Ms. Philistine Ferrand**  
**DBE Liaison Officer**  
**New Orleans International Airport**  
**P.O. Box 20007 New Orleans, La 70141**

