

FORM 4 – SUBCONTRACTING

The Respondent shall complete the information below on all subcontractors that shall provide services to the Respondent to meet the requirements of the resultant contract, should the Respondent be awarded. Submission of this form does not indicate the Division’s approval, but provides the Division with information on proposed subcontractors for review.

Please complete a separate sheet for each subcontractor.

There will be subcontractors for this solicitation YES ____ NO ____ (place a check where applicable). If “No” is selected, vendors are not required to complete the remainder of this form.

Service: _____

Company Name: _____

Contact: _____

Address: _____

Telephone: _____

Current Registered as Certified
Minority Business Enterprise
(CMBE) or Women-Owned Business
(WBE)? Yes _____ No _____

Occupational License No: _____

W-9 verification: Yes _____ No _____

In a job description format, describe below the responsibilities and duties of the subcontractor based on the technical specifications or statement of work outlined in this solicitation.

