

Attachment G Subcontracting Form

The Respondent shall provide the following information for each current and planned subcontractor the Respondent will use, if awarded a Contract, with a separate sheet for each subcontractor:

Service:		
Name:		
Address:		
Phone:		
Contact:		
Current Registered as CMBE?		
Occupational License Number:		
W-9 Verification:	Yes	No
Insurance requirement verification:	Yes	No

In a job description format, the Respondent shall describe the responsibilities and duties of the subcontractor.
