

SUBCONTRACTOR DATA SHEET

PROJECT _____ PHASE(S) _____
PRIME CONTRACTOR _____
SUBCONTRACTING COMPANY _____
ADDRESS _____
OWNER/CONTACT PERSON _____
TELEPHONE NUMBER _____ FAX NUMBER _____
FEDERAL TAX I.D. NUMBER _____
DATE OF SUBCONTRACT _____ AMOUNT/ESTIMATE \$ _____
TYPE OR WORK TO BE DONE _____
PROJECTED BEGINNING AND ENDING DATES _____ - _____

SUBCONTRACTOR DOCUMENTATION CHECKLIST

- 1. Subcontract includes the provisions that bind the subcontractor to all applicable sections of the Standard Terms and Conditions. _____
- 2. Subcontractor has and shall maintain all appropriate licensing as required by state law and regulations. _____
- 3. Subcontractor has and shall maintain adequate insurance coverage. _____
- 4. Subcontractor is not ineligible, debarred, or suspended from performing federally-funded contract work. _____

Is this company a minority business enterprise? Yes _____ No _____
[At least 51% owned and operated by minority person(s).]

Is this company a woman-owned business enterprise? Yes _____ No _____
[At least 51% owned and operated by female person(s).]

PLEASE RETURN THIS FORM WITH REQUESTED ATTACHMENTS TO THE RRHA PURCHASING DEPARTMENT WITHIN THREE WORKING DAYS OF COMMENCEMENT OF THIS SUBCONTRACT WORK.

Signed by _____
SUBCONTRACTOR DATE

Signed by _____
GENERAL CONTRACTOR DATE