

CONTRACTOR NOTIFICATION OF SUBCONTRACTS AWARDED

PROJECT NUMBER _____

PROJECT NAME: _____

SUBCONTRACTOR'S NAME, ADDRESS AND TELEPHONE NUMBER	EMPLOYER IDENTIFICATION NUMBER	CONTRACT AMOUNT	ESTIMATED DATES		CRAFTS TO BE USED
			START	COMPLETION	

Instructions: The above information is to be submitted by all contractors within 10 working days of contract award. Include information on all subcontracts, regardless of contract amount.

SELECT THE APPROPRIATE STATEMENT:

- The undersigned hereby certifies that each subcontractor or lower tier subcontractor has been notified in writing of their Equal Employment Opportunity and Non-Discrimination requirements.*
- The undersigned hereby certifies that there are no subcontracts on this project.*

COMPANY NAME _____ ADDRESS _____ PHONE# () _____

SIGNATURE _____ NAME _____ TITLE _____ DATE _____