

SECTION III – DISCLOSURE OF LOWER-TIER SUBCONTRACTOR(S)

(PLEASE COMPLETE FOR ALL LOWER-TIER SUBCONTRACTORS)

- All sections are mandatory, please fill in all the blanks.
- List all IBE and Non-IBE subcontractors.
- For project participation numbers, use an EXACT number. DO NOT USE: approximate, plus or minus (+/-), up to, to be determined (TBD), <, >, or any other qualifying language.
- Compliance Plans not complying with these requirements shall be rejected as non-responsive.
- Fill in names of all Subcontractors.
- Please duplicate as needed.

Prime Contractor Name: _____ Contract Number: _____

Sub-contractor Name:			Tier:	
Address/ City / State / Zip:				
Describe Services and Start Date:				
Contact Person:	Phone #:	E-mail:		
Percentage Amount of Subcontract:	%			
IBE Certified? <i>If yes, identify:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	MBE <input type="checkbox"/>	WBE <input type="checkbox"/>	SBE <input type="checkbox"/> DBE <input type="checkbox"/> DsBE <input type="checkbox"/> VBE <input type="checkbox"/>
If no, reason IBE not used:				
Tax ID Number:				
Ethnicity/Gender:				

Sub-contractor Name:			Tier:	
Address/ City / State / Zip:				
Describe Services and Start Date:				
Contact Person:	Phone #:	E-mail:		
Percentage Amount of Subcontract:	%			
IBE Certified? <i>If yes, identify:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	MBE <input type="checkbox"/>	WBE <input type="checkbox"/>	SBE <input type="checkbox"/> DBE <input type="checkbox"/> DsBE <input type="checkbox"/> VBE <input type="checkbox"/>
If no, reason IBE not used:				
Tax ID Number:				
Ethnicity/Gender:				

Sub-contractor Name:			Tier:	
Address/ City / State / Zip:				
Describe Services and Start Date:				
Contact Person:	Phone #:	E-mail:		
Percentage Amount of Subcontract:	%			
IBE Certified? <i>If yes, identify:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	MBE <input type="checkbox"/>	WBE <input type="checkbox"/>	SBE <input type="checkbox"/> DBE <input type="checkbox"/> DsBE <input type="checkbox"/> VBE <input type="checkbox"/>
If no, reason IBE not used:				
Tax ID Number:				
Ethnicity/Gender:				