## 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's Name:** | | **Contract Number:** | |
|---|---|---|---|

| **Subcontractor Name:** | | **Tier Level:** | |
|---|---|---|---|
| **Address/ City / State / Zip:** | | | |
| **Describe Services and Start Date:** | | | |
| **Contact Person:** | Phone #:          E-mail: | | |
| **Percentage & Dollar Amount of Subcontract:** | %                    $ | | |
| **IBE Certified?** *If yes, identify type.* | Yes ☐ No ☐      MBE ☐   WBE ☐   SBE ☐   DBE ☐   DsBE ☐   VBE ☐ | | |
| **If NO, state reason IBE was not used.** | | | |
| **Tax ID Number:** | | | |
| **Ethnicity / Gender:** | | | |

| **Subcontractor Name:** | | **Tier Level:** | |
|---|---|---|---|
| **Address/ City / State / Zip:** | | | |
| **Describe Services and Start Date:** | | | |
| **Contact Person:** | Phone #:          E-mail: | | |
| **Percentage & Dollar Amount of Subcontract:** | %                    $ | | |
| **IBE Certified?** *If yes, identify type.* | Yes ☐ No ☐      MBE ☐   WBE ☐   SBE ☐   DBE ☐   DsBE ☐   VBE ☐ | | |
| **If NO, state reason IBE was not used.** | | | |
| **Tax ID Number:** | | | |
| **Ethnicity / Gender:** | | | |

| **Subcontractor Name:** | | **Tier Level:** | |
|---|---|---|---|
| **Address/ City / State / Zip:** | | | |
| **Describe Services and Start Date:** | | | |
| **Contact Person:** | Phone #:          E-mail: | | |
| **Percentage & Dollar Amount of Subcontract:** | %                    $ | | |
| **IBE Certified?** *If yes, identify type.* | Yes ☐ No ☐      MBE ☐   WBE ☐   SBE ☐   DBE ☐   DsBE ☐   VBE ☐ | | |
| **If NO, state reason IBE was not used.** | | | |
| **Tax ID Number:** | | | |
| **Ethnicity / Gender:** | | | |