

PROPOSER'S LIST

FOR NAME OF PRIME CONTRACTOR OR/CONTRACTOR: _____

The Contractor shall provide information on ALL prospective subcontractor(s)/supplier(s) who were contacted or submitted bids/quotations in support of this solicitation. **Attach additional copies of the form as necessary.**

NAME OF SUBCONTRACTOR/SUPPLIER(S)	SCOPE OF WORK TO BE PERFORMED	CERTIFIED DBE FIRM? (Check all that apply)	PERVIOUS YEAR'S ANNUAL GROSS RECEIPTS	UTILIZING ON THIS CONTRACT? (Please circle answer)
NAME: ADDRESS:	SCOPE OF WORK:	YES:	Less than \$500K	YES or NO
			\$500K-\$2 mil	
PHONE:		NO:	\$2 mil - \$5 mil	
FAX:			more than \$5 mil.	
CONTACT PERSON:	AGE OF FIRM:			
NAME: ADDRESS:	SCOPE OF WORK:	YES:	Less than \$500K	YES or NO
			\$500K-\$2 mil	
PHONE:		NO:	\$2 mil - \$5 mil	
FAX:			more than \$5 mil.	
CONTACT PERSON:	AGE OF FIRM:			
NAME: ADDRESS:	SCOPE OF WORK:	YES:	Less than \$500K	YES or NO
			\$500K-\$2 mil	
PHONE:		NO:	\$2 mil - \$5 mil	
FAX:			more than \$5 mil.	
CONTACT PERSON:	AGE OF FIRM:			
NAME: ADDRESS:	SCOPE OF WORK:	YES:	Less than \$500K	YES or NO
			\$500K-\$2 mil	
PHONE:		NO:	\$2 mil - \$5 mil	
FAX:			more than \$5 mil.	
CONTACT PERSON:	AGE OF FIRM:			

Name/Title of person completing this form: _____

Signature: _____ Date: _____