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| **CONTRACTOR’S LIST OF SUBCONTRACTORS/SUPPLIERS** | | | | | | | | | | | | | | | Contract No. | | | | | | | | | |  | | |
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| Contractor’s Name, Address and Federal ID No.: | | | | Project Description/Location: | | | | | | | | | | Date Submitted: | | | | Bid Date: | | | MWBE Goals | | | | | SDVOB Goal | |
|  | | | |  | | | | | | | | | |  | | | |  | | | MBE | | | WBE | |  | |
|  | | | | Construction Contracts Exceeding $100,000  Commodity or Service Contracts Exceeding $25,000 | | | | | | | | | | Submittal No.: | | | | Contract Amount: | | |  | | |  | |  | |
| Federal ID No. |  | | |  | | | | | | | | | |  | | | |  | | |  | | |  | |  | |
| Date Proposal Approved: | | Date Printed: | | | | | | | | OGS Project Number: | | | | | | Work/Job Order: | | | | | Work Order Value: | | | | | | |
| Subcontractor/Supplier  Name, Address, Phone No. and Federal ID No.  *(Do not list information previously submitted.)* | | | | Sub/Supplier  *(Check One)* | | | | MBE | | | WBE | SDVOB | | General Description of Work | | | | | Subcontractor/ Supplier  Dollar Value | | | | | **OGS Use Only** | | | |
|  | | | | Sub | | Supplier | |  | | |  |  | |  | | | | |  | | | | |  | | | |
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| Pursuant to Executive Law Article 15-A and Article 17-B, my firm proposes to use the certified firms listed above. | | | **OGS Use Only** | | | | Proposed Goal Attainments: | | | | | | | | | | | | | | | | | | | | |
|  | | | MBE % | |  | | | |  | | | | WBE % | |  | | SDVOB % | | | | |  | | | |  | |
| Contractor’s Signature | | | Accepted  Accepted as Noted  Not Accepted | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | Reason: | |  | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | OGS Authorized Signature | | | | | | | |  | | | | | | | | | Date | | |  | | | |  |
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