



CONTRACTOR'S LIST OF SUBCONTRACTORS/SUPPLIERS

Contract No. _____

Contractor's Name, Address and Federal ID No.:	Project Description/Location:					Date Submitted:	Bid Date:	MWBE Goals		SDVOB Goal
	<input type="checkbox"/> Construction Contracts Exceeding \$100,000 <input type="checkbox"/> Commodity or Service Contracts Exceeding \$25,000					Submittal No.:	Contract Amount:	MBE	WBE	
Federal ID No.:	Date Proposal Approved:		Date Printed:	OGS Project Number:	Work/Job Order:			Work Order Value:		
Subcontractor/Supplier Name, Address, Phone No., Federal ID No. (FEIN) and DOL 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	Tiered Sub	Supplier							
FEIN.: DOL No: - -CR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
FEIN.: DOL No: - -CR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
FEIN.: DOL No: - -CR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
FEIN.: DOL No: - -CR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pursuant to Executive Law Article 15-A and Article 3 of the Veterans' Services Law, my firm proposes to use the certified firms listed above. _____ Contractor's Signature _____ Title _____ Date	OGS Use Only					Proposed Goal Attainments:				
	MBE % _____		WBE % _____		SDVOB % _____					
	<input type="checkbox"/> Accepted		<input type="checkbox"/> Accepted as Noted		<input type="checkbox"/> Not Accepted					
Reason: _____ _____										
OGS Authorized Signature _____					Date _____					