

**PROPOSED LIST OF SUB-CONTRACTORS**

	Company Name	Location	Services Provided	Minority Owned Yes	No
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
9.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
10.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
11.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
12.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
13.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
14.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
15.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
16.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**THIS FORM SHALL BE COMPLETED AND RETURNED ALONG WITH YOUR  
RESPONSE  
IF NO SUB-CONTRACTORS WILL BE USED PLEASE INDICATE SO**

**SUBMITTED BY:**

\_\_\_\_\_  
(PRINT NAME OF COMPANY)

## **POST-CLOSING DOCUMENT REQUIREMENTS**

The below-listed document must be received in the Purchasing and Contract Management Office  
Not Later Than **SEVEN BUSINESS DAYS** after the close date when responses are due.

**FINAL** LIST OF SUB-CONTRACTORS

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**FINAL LIST OF SUB-CONTRACTORS**

	<b>Company Name</b>	<b>Location</b>	<b>Services Provided</b>	<b>Minority Owned Yes</b>	<b>No</b>
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
9.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
10.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
11.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
12.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
13.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
14.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
15.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
16.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**SUBMITTED BY:**

\_\_\_\_\_  
(PRINT NAME OF COMPANY)

**THIS FORM SHALL BE COMPLETED AND RETURNED NOT LATER THAN SEVEN  
BUSINESS DAYS AFTER THE CLOSE DATE WHEN RESPONSES ARE DUE**

**IF NO SUB-CONTRACTORS WILL BE USED PLEASE INDICATE SO**