



SUBCONTRACTOR INFORMATION

This form is to be completed and included in the application.

Subcontractor Name: <i>(name of firm, entity or organization):</i>	
Name and Title of Proposer’s Contact Person:	
Mailing Address:	
Telephone Number:	
Fax Number:	
Email Address:	
Federal Employer Identification Number:	
Number of years under current name:	
% of the total work of the proposal:	
Justification for Subcontracting: (Work)	
Capacity to Perform the Required Services Statement:	
Subcontractor’s Authorized Signature: The undersigned hereby certifies that the information above is correct and agrees to serve as a subcontractor on and perform all work as indicated above and will comply with all items as indicated in Section X of the RFP 23-01 Family Supports Initiative. I have attached a copy of the MOU to this sheet for Commission review. Signature: _____ Date: _____ Print Name: _____ Title: _____	