

DETROIT WAYNE MENTAL HEALTH AUTHORITY
FIRST TIER SUBCONTRACTOR DESIGNATION FORM
To be completed by Prime Contractors for "First Tier" Subcontractors Only

This form Must be completed by all prime contractors receiving a contract of more than \$50,000 (supply/service)

****THIS PAGE MUST BE COMPLETED EVEN IF NO SUBCONTRACTORS WILL BE USED****

1. CONTRACT NUMBER: ___ ___ - ___ ___ - ___ ___ ___ (number on bid announcement-If Applicable)

2. CHECK ONE:

This is a: SUPPLIES/SERVICES contract (over \$50,000? Yes No)

3. WILL SUBCONTRACTORS BE USED FOR THIS CONTRACT? (Check One)

YES **NO**

(This page must be completed even if no subcontractors will be used)

Prime Company Name:		Fed Tax ID:	
Address:			
City:	County:	State:	Zip:
Phone: ()		Fax: ()	
Authorized Contact Person:		Email:	

I Declare that all of the information contained in this form is complete and accurate to the best of my knowledge.

Print Name _____ Title _____

Signature _____ Date _____

If you answered "YES" to subcontractors, complete the next page.



SUBCONTRACTOR LIST

(MAKE ADDITIONAL COPIES OF THIS PAGE TO LIST ADDITIONAL SUBCONTRACTORS)

Prime Contractor Name _____

Contract # ____ - ____ - ____

Subcontractor # _____

Company Name		Fed Tax ID:	
Address			
City:	County:	State	Zip
Authorized contact:	Phone: ()	Fax ()	
Subcontract Amount: \$ _____ % of Contract _____			
Work to be performed:			

Subcontractor # _____

Company Name		Fed Tax ID:	
Address			
City:	County:	State	Zip
Authorized contact:	Phone: ()	Fax: ()	
Subcontract Amount: \$ _____ % of Contract _____			
Work to be performed:			

Subcontractor # _____

Company Name		Fed Tax ID:	
Address			
City:	County:	State	Zip
Authorized contact:	Phone: ()	Fax: ()	
Subcontract Amount: \$ _____ % of Contract _____			
Work to be performed:			

Subcontractor # _____

Company Name		Fed Tax ID:	
Address			
City:	County:	State	Zip
Authorized contact:	Phone:	Fax:	
Subcontract Amount: \$ _____ % of Contract _____			
Work to be performed:			

