

Attachment E Subcontractor Listing Form



Contractor must provide information below for any potential subcontractors or subconsultants, professionals, suppliers, and vendors used in connection with the project. The IEM reserves the right to reject proposed subcontractors or subconsultants on any reasonable basis. IEM/Pasco County must approve the actual subcontractors prior to their use (add additional pages if necessary):

Company Name:	Industry:
UEI/DUNS #:	Name of Principal:
Approximate Contract Value \$	Start & End of Contract
Certified HUB / MWBE: □ Yes □ No	Certified Section 3: □ Yes □ No
Description of Work to be performed:	
	Industry.
	Industry:
UEI/DUNS #:	Name of Principal:
Approximate Contract Value \$	Start & End of Contract
Certified HUB / MWBE: □ Yes □ No	Certified Section 3: \square Yes \square No
Description of Work to be performed:	
Company Name:	Industry:
	Name of Principal:
	Start & End of Contract
Certified HUB / MWBE: □ Yes □ No	Certified Section 3: □ Yes □ No
Description of Work to be performed:	



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Description of Work to be performed:	
Company Name:	Industry:
	_ Industry: _Name of Principal:
UEI/DUNS #:	
UEI/DUNS #:	_Name of Principal: Start & End of Contract
UEI/DUNS #:Approximate Contract Value \$	_Name of Principal: _ Start & End of Contract
UEI/DUNS #:Approximate Contract Value \$ Certified HUB / MWBE: □ Yes □ No	_Name of Principal: _ Start & End of Contract
UEI/DUNS #:Approximate Contract Value \$ Certified HUB / MWBE: □ Yes □ No	_Name of Principal: _ Start & End of Contract

Contractor shall be responsible for ensuring any Subcontractors used are properly licensed, insured, and authorized to work under government contracts by checking state, local, and federal debarment lists and shall obtain and submit licenses for any subcontractors if the work being performed requires licensing in accordance with state or federal law. A final Subcontractor Listing Form will be required prior to contract award. If any of the required information changes throughout the term of the contract, Contractor must submit a revision to the IEM for approval.



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☐ I will not be subcontracting any portion of the contract and will be fulfilling the entire
contract with my own resources.
Signature of Contractor:
Print Name: