

SUBCONTRACTING APPROVAL REQUEST

Please type or complete using a computer to enter the information. This form is available as a MS Word 97 document from the DHCF-CCMO Phone (202) 442-9073, or via Email from Eugenem.Slater@dc.gov

(1) Project Name		(2) Invitation Number HT0	
(3) Prime Contractor's Name Phone		(4) Address	
(5) Subcontractor's Name, Address & Phone No.		(6) Estimated Starting Date	
		(7) Estimated Completion Date	(8) F.A.P.#
		(9) Number of Subcontractor Employees in The Workplace	(10) Number of DC Residents Employed
(11) Description of Work		Cost	
(12) <input type="checkbox"/> See Attached for Additional Descriptions or Remarks			
(13) Subcontractor's Business Enterprise:		Yes	No
Minority Business Enterprise		<input type="checkbox"/>	<input type="checkbox"/>
Women Business Enterprise		<input type="checkbox"/>	<input type="checkbox"/>
Non-Minority Business Enterprise		<input type="checkbox"/>	<input type="checkbox"/>
Local, Small & Disadvantaged Business (Attach Certifications)		<input type="checkbox"/>	<input type="checkbox"/>
(14) Indicate if the following were included in the subcontract agreement:		Yes	No
Contract Wage Schedule		<input type="checkbox"/>	<input type="checkbox"/>
(15) Required Labor Contract Provisions		<input type="checkbox"/>	<input type="checkbox"/>
16) On-Site Work Force Affirmative Action Requirements for Women and Minorities-Special Conditions		<input type="checkbox"/>	<input type="checkbox"/>
(17) Subcontractor's Certification of Nondiscrimination in Employment (Form Included in the Bid- Proposal)		<input type="checkbox"/>	<input type="checkbox"/>
(18) I request approval of this subcontract and certify that the organization which will perform this work is capable, has not been debarred and that the work will be performed in accordance with the Contract Specifications. I further certify that all required Contract Provisions are physically included as part of the Subcontract Agreement.			
PRIME CONTRACTOR'S REPRESENTATIVE		TITLE	
_____		DATE	
<i>The information below is completed by the DCPS OFM- Design/Construction Division</i>			
<u>Review and Distribute After Approval</u>			
<input type="checkbox"/> _____ Project Manager, DHCF Date	_____ CCMO District of Columbia, CCMO _____ Date		
<input type="checkbox"/> _____ Contract Specialist Date			