

City of New Haven

MBE Utilization Documentation – Sub-Contractor Listing

Project Name and Number: _____

The Contractor herewith submits a complete list all Subcontractors to be used on the project by name address, type of work, dollar amount, outreach method used to secure subcontractor and appropriate company classification. If no Subcontractors are to be utilized, please indicate below.

Name of Contractor	Address	Telephone	Contact	Type of Work	Dollar Amount	Type of Outreach	MBE	WBE

I _____ representing _____ Certify that I have read the City of New Haven's goals
Name Company
 for use of minority and women owned small businesses and I have achieved the Goal of 25% participation.

Signature

Type Name & Title

Date

Approved by SBI - Signature

Print Name and Title

Date