

A-2: List of All Participating Subcontractors

LIST ALL SUBCONTRACTORS. This form must be completed, executed and submitted if you are responding to a bid for the Pittsburgh Public Schools (PPS). Failure to do so upon request will be grounds to disqualify your bid. **Please note:** a Subcontractor shall refer to any company, contractor, vendor, supplier, consultant, or other business entity that the Bidder will partner with and compensate to fulfill the requirements of the scope of work detailed in this solicitation as issued by the PPS. Please identify ALL subcontractors whose quotes were used to submit this bid/proposal.

	Subcontractor A	Subcontractor B	Subcontractor C
Name of Subcontractor			
Address			
Name of Contact Person and Phone Number			
Scope of Work Please describe the type of work and/or type of supplies to be provided by the sub-contractor.	<input type="checkbox"/> Labor <input type="checkbox"/> Supply <input type="checkbox"/> Both	<input type="checkbox"/> Labor <input type="checkbox"/> Supply <input type="checkbox"/> Both	<input type="checkbox"/> Labor <input type="checkbox"/> Supply <input type="checkbox"/> Both
Certified contractor? If so, which EBE Type? (MBE, WBE, DBE, 8(a))			
\$ Subcontract Amount If a broker only, multiply by 10%. If a stocking distributor only, multiply by 60%. If supply & labor, multiply by 100%.	\$ _____ Subcontract Amount X _____ % Percent = _____ EBE Value	\$ _____ Subcontract Amount X _____ % Percent = _____ EBE Value	\$ _____ Subcontract Amount X _____ % Percent = _____ EBE Value
Race/Gender of Owner			

Total Bid Amount: \$ _____ Total to be Paid to All EBE Subcontractors Only: \$ _____
 Total to be Paid to All Sub-Contractors: \$ _____ Total EBE \$ Value: \$ _____

Your EBE Commitment
 (Total EBE value/Total Bid Amount): \$ _____

The undersigned will enter into **formal, notarized agreements with each of the EBEs** listed above for work in this schedule conditioned upon the award of a contract by PPS. Said agreements shall be forwarded to the Minority/Women Business Department upon request. Failure to submit required documentation upon demand will be grounds to determine the bidder as non-compliant. Duplicate this form to make copies for additional subcontractors.

Name of Bidder: _____ Name of Contact: _____ Name of Project: _____ Project #: _____
 Signature of Bidder (Owner/Authorized Representative): _____ Date: _____ Phone Number: _____ E-mail Address: _____

