

CONTRACTOR FACT SHEET

Contract # _____

General Contractor: _____

Address: _____

- Union
- Section 3
- MBE WBE Other _____

Please also indicate any subcontractors that will assist in completion of the contract scope:

<u>Name of Subcontractor</u>	<u>Work Classification</u>	<u>Union</u> <u>(Y/N)</u>	<u>Section 3</u> <u>(Y/N)</u>	<u>MBE</u> <u>(Y/N)</u>	<u>WBE</u> <u>(Y/N)</u>	<u>Other SDO</u> <u>Certifications (DBE, VBE</u> <u>etc.)</u>

AUTHORIZED OFFICIAL

DATE

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<u>Name of Subcontractor</u>	<u>Work Classification</u>	<u>Union (Y/N)</u>	<u>Section 3 (Y/N)</u>	<u>MBE (Y/N)</u>	<u>WBE (Y/N)</u>	<u>Other SDO Certifications (DBE, VBE etc.)</u>

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