

SCOOP SCHEDULE A-1: DESIGNATION OF ALL SUBCONTRACTORS (NEW CONTRACT)

INSTRUCTIONS: Enter the information requested below for each subcontractor, vendor, supplier, trucker, or service provider who will perform work or labor or render service to the Contractor, or who will furnish materials, products or equipment to the Contractor. Use additional pages of this form if needed.

npleted:

Contractor Representative: Phone: Email:

Subcontractors on this contract? YES NO If YES, complete table below.

	Specific Work to be Done	Check "YES" to all applicable.	Total Amount Committed	% of Total Contract	List any certifications
Subcontractor Name		Address listed is HQ?			
Street Address		Second-tier sub?			
City, State, Zip		Small Business?			
Contact Person		Minority-Owned?			
Phone		Woman-Owned?			
Email		Veteran-Owned?			
Subcontractor Name		Address listed is HQ?			
Street Address		Second-tier sub?			
City, State, Zip		Small Business?			
Contact Person		Minority-Owned?			
Phone		Woman-Owned?			
Email		Veteran-Owned?	7		
Subcontractor Name		Address listed is HQ?			
Street Address		Second-tier sub?			
City, State, Zip		Small Business?			
Contact Person		Minority-Owned?			
Phone		Woman-Owned?			
Email		Veteran-Owned?			
Subcontractor Name		Address listed is HQ?			
Street Address		Second-tier sub?			
City, State, Zip		Small Business?			
Contact Person		Minority-Owned?			
Phone		Woman-Owned?			
Email		Veteran-Owned?	7		
<u>.</u>	TOTAL DOLLAR AMOUNT CON	IMITTED TO SMALL CONTRACTORS:			
	TOTAL DOLLAR AMOUNT COM	MITTED TO ALL SUBCONTRACTORS:			