

CONTRACTOR / SUB-CONTRACTOR / MBE / WBE LIST

INFORMATION TO BE COMPLETED REGARDING CONTRACTOR

CASE #: ___ JOB LOCATION: ___ CONTRACTOR'S NAME: ___ CONTRACTOR'S ADDRESS: ___ PHONE #: ___

STATE LICENSE #: ___ COUNTY LICENSE #: ___ RACE / ETHNIC CODE*: ___ WOMEN OWNED** ___ CONTRACT AMOUNT: ___

INFORMATION TO BE COMPLETED REGARDING SUB-CONTRACTORS

TYPE	SUB-CONTRACTOR	FULL ADDRESS	PHONE #	STATE LICENSE #	COUNTY LICENSE #	RACE CODE *	ETHNIC CODE **	WOMEN OWNED BUSINESS (YES or NO)	AMOUNT PAID
PLUMBING									
MECHANICAL									
ELECTRIC									
ROOFING									
CONCRETE									
MASONRY									
DRYWALL									
CARPENTRY									
FINISHED CARPENTRY									
PAINTING									
TILE / CERAMIC TILE									
INSULATION									
STUCCO									
ALUMINUM									
KITCHEN CABINETS									
WINDOWS									
PEST CONTROL									
GARAGE DOORS									
FLOORING (CARPET & VINYL)									
POOL									

* RACE
 1 = WHITE
 2 = BLACK / AFRICAN AMERICAN
 3 = ASIAN
 4 = AMERICAN INDIAN / ALASKAN NATIVE
 5 = NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER
 6 = OTHER MULTI-RACIAL

** ETHNIC
 Y = HISPANIC
 N = NON-HISPANIC

PLEASE COMPLETE THE FOLLOWING INFORMATION:

A. **WBE:** DOES CONTRACTOR / SUB-CONTRACTOR QUALIFY AS WOMAN-BUSINESS ENTERPRISE (51% OWNERSHIP BY WOMAN)? YES NO

B. **MBE:** DOES CONTRACTOR / SUB- CONTRACTOR QUALIFY AS MINORITY-BUSINESS ENTERPRISE (51% OWNERSHIP BY MINORITY GROUP)? YES NO

IF YES, PLEASE LIST MINORITY GROUP _____

PLEASE COMPLETE ONLY IF PROJECT EXCEEDS \$100,000:

A) DID YOU OR ANY OF YOUR SUB-CONTRACTORS HIRE ANY NEW EMPLOYEES FOR THIS PROJECT? YES NO

IF YES, HOW MANY? ____

WHAT OCCUPATIONS ARE THOSE NEW HIRES? ____

FOR EACH OCCUPATION, HOW MANY HOURS DID THESE NEW HIRES WORK? ____

B) DO ANY OF THESE NEW HIRES LIVE IN PUBLIC HOUSING OR LIVE IN THE AREA THAT THE PROJECT OCCURRED? YES NO

IF YES, HOW MANY? ____

WHAT OCCUPATIONS ARE THOSE NEW HIRES? ____

FOR EACH OCCUPATION, HOW MANY HOURS DID THESE NEW HIRES WORK? ____

WHAT PERCENTAGE OF TOTAL MAN-HOURS OF THIS PROJECT DID THESE NEW HIRES WORK? ____

BY OCCUPATION, HOW MANY OF THE NEW HIRES RECEIVED TRAINING FOR EMPLOYMENT? ____

IF NEW HIRES WERE TRAINED, WHAT PERCENTAGE OF TOTAL STAFF HOUR DID THE NEW HIRES AND THEIR TRAINEES WORK? ____