



**City of Cincinnati**  
**SUBCONTRACTOR APPROVAL REQUEST**

**FORM 2004**  
 Revised 6/15/16

Statement of Intent to Utilize Firms

**Bid Reference No.** \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND SUBMITTED TO CONTRACT OFFICER AFTER BID OPENING BUT  
 PRIOR TO CONTRACT AWARD.  
 INFORMATION RECORDED HEREIN WILL BE INCORPORATED IN THE AWARDEES' CONTRACT**

PROJECT NAME		CONTRACT NO.	
City Agency Administering Contract		Contact Person	Phone No.
Requesting Contractor	Federal Tax ID	Address	Zip Code
Authorized Representative		Title	Phone No.
Prime Contractor (If not the same as above)	Federal Tax ID	Address	Zip Code
Prime Contractor E-Mail Address			

**SUBCONTRACTOR**

SUBCONTRACTOR		Federal Tax ID	Address	Zip Code	
Authorized Representative		Title	Phone No.	Fax No.	
E-Mail Address		Is certified by the City of Cincinnati (MBE, WBE, SBE, etc)? YES <input type="checkbox"/> NO <input type="checkbox"/>			
ITEM NUMBER	DESCRIPTION OF WORK	SUBCONTRACT'S CONTRACT AMOUNT \$	% OF TOTAL CONTRACT PRICE	ESTIMATED START DATE	COMPLETION DATE
	<b>Total Value of Work</b>				

**SIGNATURES**

SUBCONTRACTOR	DATE
Requesting Contractor	DATE
Prime Contractor (If not the same as above)	DATE
Specialist Initial/Date      Director of Economic Inclusion	DATE
Contract Administering Agency	DATE