



City of Cincinnati
SUBCONTRACTOR APPROVAL REQUEST
 Statement of Intent to Utilize Firms
Bid Reference No. _____

FORM 2004M/WBE
 Revised 05/2016

THIS FORM MUST BE COMPLETED AND SUBMITTED TO INCLUSION OFFICER WITH YOUR BID OR PROPOSAL 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 MBE or WBE certified by the City of Cincinnati? 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
	Total Value of Work				

SIGNATURES

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