



City of Cincinnati
Subcontractor Approval Request (Form 2004)
This form serves as a subcontractor agreement for the City's compliance monitoring purposes.

Project Information:

This section is to be completed by the Requesting Contractor.

Contract Name: _____ Contract Number: _____

City Administering Department: _____ City Project Manager: _____ Phone No.: _____

Requesting Contractor: _____ Tax ID: _____ Address: _____

Authorized Representative: _____ Phone No.: _____ Email: _____

Prime Contractor (If not the same as above): _____ Tax ID: _____ Address: _____

Authorized Representative: _____ Phone No.: _____ Email: _____

Proposed Subcontractor:

This section is to be completed by the proposed subcontractor.

Subcontractor: _____ Tax ID: _____ Address: _____

Authorized Representative: _____ Phone No.: _____ Email: _____

Contract Compliance Contact: _____ Phone No.: _____ Email: _____

City of Cincinnati Certifications: MBE WBE SBE ELBE SLBE

Description of Work	Estimated Subcontract Amount	Estimated Start Date	Estimated Completion Date

Total Subcontract Amount: _____

Signatures:

This form must be signed by all the Authorized Representatives listed above.

Subcontractor: _____ Date: _____

Requesting Contractor: _____ Date: _____

Prime Contractor: _____ Date: _____