

DEI Contract Compliance Checklist Non-Prevailing Wage Projects

Contract Name: _____
Contract Number: _____
Contract Holder: _____

Subcontractor Utilization Form:

☐ **Subcontractor Approval Request Form 2004:**

- DEI requires that all subcontractors, regardless of tier, be approved by DEI prior to starting work on a city project. This is the only form that suppliers are required to submit. This form must be submitted via VCCS along with the subcontractor approval request.

☐ **Subcontractor Substitution Request Form 2006 (if applicable):**

- This form must be approved by DEI prior to termination of a contract with a City certified business after the bids or proposals have been submitted or the contract has been awarded. The contractor must provide a written explanation for the request. This form must be submitted via VCCS along with the subcontractor approval request.

Wage Enforcement Forms:

☐ **Subcontractor Utilization Plan Form WE-20:**

- This must be submitted by the contract holder and any other contractor who intends to hire a subcontractor prior to commencing work on the project. This form must be submitted via VCCS along with the subcontractor approval request.

☐ **Affidavit Regarding Wage Theft or Payroll Fraud Form WE-30:**

- Must be submitted for each contractor or subcontractor prior to their commencement of work. If a company has any affiliates, the affiliated companies MUST be disclosed in section 1(F) of this form. This form must be submitted via VCCS along with the subcontractor approval request.

Ongoing Reporting Requirements:

1. Vendor Certification and Compliance System ([Vendor Compliance and Certification System - City of Cincinnati \(diversitycompliance.com\)](http://diversitycompliance.com)):

- Subcontractor approval requests must be submitted on VCCS for each contractor who will work on a project, prior to the commencement of work. DEI will review the request for approval once all required forms have been submitted.
- Form 2004, Form WE-20, and Form WE-30 must be submitted via VCCS along with the subcontractor approval request.
- Monthly subcontractor payments must be reported by the hiring contractor and confirmed by the subcontractor.

This checklist is not exhaustive of all possible requirements and is intended to be used as a quick guide for contractors. Please direct all DEI Contract Compliance Program documents and inquiries to:

Compliance Coordinator Name: _____
Compliance Coordinator Email: _____

Form 2004 – Subcontractor Approval Request

- This form must be submitted via VCCS along with the subcontractor approval request.
 - This form must be fully completed with accurate and current information.
 - Must be submitted by each contractor prior to beginning work on the project.
- This form must be signed by the organization who holds the contract with the city, the organization requesting the use of the subcontractor, and the subcontractor whose use is being requested for the project.



City of Cincinnati
Subcontractor Approval Request (Form 2004)
This form serves as a subcontractor agreement for the City's 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: _____

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: _____

Form 2006 – Subcontractor Substitution Request

- This form must be submitted via VCCS along with the subcontractor approval request.
- This form must be approved by DEI prior to terminating a contract with a City certified MBE, WBE, SBE, SLBE, or ELBE after the bids or proposals have been submitted, or the contract has been awarded.
 - The requesting contractor must provide a written explanation for the substitution request.

Subcontractor Substitution Request (Form 2006)

This form must be approved by the Department of Economic Inclusion prior to terminating a contract with a City certified business on a City contract. This form must be submitted along with a Subcontractor Approval Request (Form 2004) for the proposed subcontractor.

Prime Contractor Information:

Prime Contractor Name: _____
Contract Title: _____ Contract No.: _____
Authorized Representative: _____
Email: _____ Phone: _____

Subcontractor Substitution Requests:

	Subcontractor Name	Work Description	Total Subcontract Amount	MBE/WBE/SBE/SLBE/EBLE
Current Subcontractor				
Proposed Substitution				

Explanation of the reason for the Substitution Request (attach sheets as necessary): _____

Proposed Subcontractor Information:

Subcontractor Name: _____
Authorized Representative: _____
Email: _____ Phone: _____

Signature:

Prime Contractor: _____ Date: _____

DEI USE ONLY:

DEI Staff Signature: _____ Date: _____

Request Approved: _____ Request Denied: _____

DEI Director Signature: _____ Date: _____

WE-20 – Subcontractor Utilization Form

- This form must be submitted via VCCS along with the subcontractor approval request.
- This form must be submitted by the organization who is holding the contract with the City and any other contractor intending to hire a subcontractor on the project.
- The form must be completed in its entirety and include current and accurate information.

Contractor / Subcontractor Utilization Plan (WE-20)

SECTION 1: Project and Prime Contractor's Information

A. Contract Name: _____ B. Contract No: _____

C. Project Site Address: _____ D. Prime Contractor's Name: _____

SECTION 2: Requesting Contractor (if not the same as above)

A. Requesting Contractor Name (if not the same as above): _____

B. Authorized Representative Name: _____ Phone: _____ Email: _____

SECTION 3: Proposed Contractor/Subcontractors

For each proposed subcontractor, submit a completed Form 2004 and WE-30.

Subcontractor's Name	Primary Owner's Name	Primary Owner's Phone	Primary Owner's Email Address	Form WE-30 Attached? Yes/No	Estimated Subcontract Amount	Date Work is Estimated to Begin

☐

SECTION 4: Contractor's Signature

I hereby verify that I am the duly authorized representative of the Prime Contractor identified in Section 1 or the Contractor identified in Section 2 above with the full authority to execute this Contractor/Subcontractor Utilization Plan on behalf of said Prime Contractor or Contractor and that the information contained herein is complete and accurate to the best of my knowledge.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Contractors/Subcontractors continued from the front side of this form.

[illegible]

WE-30 – Affidavit Regarding Wage Theft or Payroll Fraud

- This form must be submitted via VCCS along with the subcontractor approval request.
- Prior to the commencement of work, this form must be submitted by the organization in contract with the City and all contractors who will be working on the project.
- Section 1(F) must be completed with the requested information. Leaving this section blank will result in denial and require resubmission of the form.
 - This form must be signed and notarized.

Affidavit Regarding Wage Theft or Payroll Fraud (WE-30)

SECTION 1: Information for Firm Completing this Affidavit

- A. Business Name: _____
- B. Business Address: _____
- C. Business Tax ID No.: _____
- D. Principal/Primary Owner's Name: _____
- E. Principal's Contact: Phone: _____ Email: _____
- F. For the business identified in 1.A. above, list all parent or sibling companies, subsidiaries or other affiliated businesses that have some commonality of ownership, and indicate relationship. You must list "**None**" if there are no affiliates. (attach additional sheets if necessary):
- _____
- _____
- _____
- _____
- _____

SECTION 2: Project Information

- A. Contract Name: _____ Contract Number: _____
- B. Work to be Performed: _____
- C. Estimated Dates of Work: Beginning: _____ Ending: _____

SECTION 3: Prior Adverse Determinations of Wage Theft or Payroll Fraud (select one):

- A. ☐ In the immediately preceding 3 years there have been no Adverse Determinations of Wage Theft or Payroll Fraud (as each of those terms is defined by Chapter 326 of the Cincinnati Municipal Code) against the firm identified in 1.A. above or against any parent, sibling, subsidiary or affiliated company with any commonality of ownership of the firm identified in Section 1 above.

Continued on 2nd page.

- B. ☐ In the immediately preceding 3 years there have been a total of _____ Adverse Determinations of Wage Theft or Payroll Fraud (as each of those terms is defined by Chapter 326 of the Cincinnati Municipal Code) against the firm identified in 1.A. above or against any parent, sibling, subsidiary or affiliated company with any commonality of ownership of the firm identified in Section 1 above. For each such Adverse Determination, provide the following information (use additional sheets as necessary):

Date of Adverse Determination	Agency Making Determination	Describe Specific Violation(s) as Determined by Agency	Violation Fully Resolved? Y/N	*

SECTION 4: Certification

I hereby certify under penalty of perjury that I have personal knowledge of the statements made herein on behalf of the firm identified in 1.A. above, and that the statements are true and accurate to the best of my knowledge and belief.

Signature: _____

Printed Name: _____ Title: _____

State of: _____ County of: _____

Sworn to before me and subscribed in my presence by _____ as his
or her free and voluntary act this ____ day of _____, 20____.

Notary Public

My Commission Expires: _____