



**CITY OF CINCINNATI**  
**SUBCONTRACTOR APPROVAL REQUEST**  
Statement of Intent to Utilize Firms  
Bid/Contract Reference No. \_\_\_\_\_

Form 2004 - All  
Rev 12/5/2016

**THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE BID SUBMITTAL.**  
**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 Rep for Payments	Title	Email	Phone No.

**SUBCONTRACTOR**

SUBCONTRACTOR	Federal Tax ID	Address	Zip Code		
Authorized Representative	Title	Phone No.			
Subcontractor Rep for Payments	Title	Email	Phone No.		
Is company certified through the City of Cincinnati as an? (Check Applicable):    MBE       WBE       SBE       ELBE       SLBE					
Is company a Section 3 business (DCED Contracts Only)?    YES    NO					
ITEM NUMBER	DESCRIPTION OF WORK	SUBCONTRACT AMOUNT \$	% OF TOTAL CONTRACT	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
Economic Inclusion Staff                      DATE	Director of Economic Inclusion                      DATE
Contract Administering Agency	DATE

**DEI Staff Use Only:**

Cincinnati Debarment List check ☐

Ohio Debarment List check ☐

Federal Debarment List check ☐

Debarment Review Comments: