

TCCD SCHEDULE OF SUBCONTRACTORS FORM

Bidder/Contractor: _____ ↙ Small M/WBE ↙ NON-Small M/WBE

Description: _____ Contract/Solicitation Number: _____

Check the applicable: ↙ Subcontracting/Vendor Opportunities ↙ Sole Source ↙ Direct Purchase

Note: If contract is a sole source and/or direct purchase, please enter the Dollar Amount of Work to be completed and proceed to the Contractor's Certification, then sign and date this form.

As part of the procedures for the submission of Proposals, all Bidders/Contractors are required to identify **ALL** participating Subcontractors/Suppliers. Please identify such areas for above project, if applicable. Use additional sheets if necessary.

Name of Company Performing Work	Certified Status ¹ <small>(check the applicable)</small>		Description of Commodity, Material, or Service	Dollar Amount
	SMALL M/WBE	Non-SMALL M/WBE		
				\$
				\$
				\$
				\$
				\$
Dollar Amount of Work to be Completed by Non-SMALL M/WBE Subcontractors				\$
Dollar Amount of Work to be Completed by SMALL M/WBE Subcontractors				\$
Total (The Total Amount shall equal the amount proposed on Summary or Proposal Page)				\$

¹All Small M/WBE Subcontractors/Suppliers must be certified by NCTRCA. It is understood and agreed that, if awarded a Contract by TCCD, the Contractor will not make additions, deletions, or substitutions to this certified list without the consent of TCCD. Request for *Approval of Change to Original Certified List of Subcontractors* may be requested through the submittal of the TCCD Approval of Change To Original Schedule of Subcontractors form. TCCD may audit any and/or all records and of the contract /vendor and conduct interviews of owners, principals, employees and applicable subcontractors participating on the contract.

The above information is true and complete to the best of my knowledge and belief. I further understand and agree that if awarded the Contract, this certification shall be attached thereto and become a part thereof. Failure to provide accurate information or exercise positive, good faith efforts (as defined by TCCD Small M/WBE Program) in support of TCCD minority women business intent and objective may result tin being considered non-responsive to TCCD requirements. TCCD reserves the right to recommend an audit on the submitted Small M/WBE information as deemed necessary.

Print Name and Title: _____

Signature: _____

Date: _____