

**WAYNE COUNTY HUMAN RELATIONS/BUSINESS INCLUSION DIVISION  
FIRST TIER SUBCONTRACTOR DESIGNATION FORM**  
\*To be completed by Prime Contractors for "First Tier" Subcontractors Only\*

This form ***MUST*** be completed by all prime contractors receiving a contract, of more than \$50,000 (supplies/services) or more than \$100,000 (construction), from Wayne County regardless of the dollar amount at which the subcontractor participates.

**\*\*THIS FORM MUST BE COMPLETED EVEN IF NO SUBCONTRACTORS WILL BE USED\*\***

**1. CONTRACT NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Number on Bid Announcement)

**TCM NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Internal use only)

**2. CURRENT AND/OR CUMULATIVE CONTRACT (Check one):**

**SUPPLIES/SERVICES** contract (over \$50,000?  YES  NO)

**OR**

**CONSTRUCTION** contract (over \$100,000?  YES  NO)

**3. WILL SUBCONTRACTORS BE USED FOR THIS CONTRACT? (Check one)**

YES\*  NO

\*If you answered "YES", you must complete the next page.

**4. Are there any related parties between the subcontractor(s) and any contract managers for this proposed contract? (Check one)  YES\*  NO**

\*If you answered "YES", you must complete the next page.

Prime Company Name:		Fed Tax ID:	
Address:			
City:	County:	State:	Zip:
Phone: (        )		Fax: (        )	
Authorized Contact Person:		Email:	

**I declare that all of the information contained in this form is complete and accurate to the best of my knowledge and, as signatory, am authorized to bind the contractor.**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SUBCONTRACTOR LIST

(MAKE ADDITIONAL COPIES OF THIS PAGE TO LIST ADDITIONAL SUBCONTRACTORS)

Prime Contractor Name \_\_\_\_\_

Contract # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Subcontractor # \_\_\_\_\_

TCM# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Internal use only)

Company Name:		Fed Tax ID:	
Address:			
City:	County:	State:	Zip:
Authorized contact:	Phone: (      )	Fax: (      )	
Subcontract Amount: \$	% of Contract:		
Work to be performed:			

**Are there any related parties between the subcontractor(s) and any contract managers for this proposed contract? (Check one)  YES\*  NO**

\*If there are any related parties, please provide the name(s) and relevant relationship here:  
(Attach additional pages as needed)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

**Subcontractor #** \_\_\_\_\_

Company Name:		Fed Tax ID:	
Address:			
City:	County:	State:	Zip:
Authorized contact:	Phone: (      )	Fax: (      )	
Subcontract Amount: \$	% of Contract:		
Work to be performed:			

**Are there any related parties between the subcontractor(s) and any contract managers for this proposed contract? (Check one)  YES\*  NO**

\*If there are any related parties, please provide the name(s) and relevant relationship here:  
(Attach additional pages as needed)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_