

CITY OF NEW YORK
Initial LIST OF SUBCONTRACTORS (“Initial LOS”)

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Directions: For all multi-year contracts for which a utilization plan has been submitted pursuant to Local Law 1 of 2013, the contractor must use this form annually to indicate a list of persons to which it intends to award subcontracts to during each twelve-month period following the initial year of the contract term. Each page should be signed and certified. Attach additional pages (copies of this page) as needed.

PRIME CONTRACT INFORMATION

Agency:	Unit/Division:
FMS Contract No.:	PIN:
Contract Value: \$	Registration Date:
Contract Description:	

PRIME CONTRACTOR IDENTIFICATION

Name:		
Phone:	Fax:	
Address:	City	State/Zip:
EIN/SSN:	E-Mail:	

SUBCONTRACTOR #1 INFORMATION

Name:		
Phone:	Fax:	
Address:	City	State/Zip:
EIN/SSN:	E-Mail:	
Subcontract Description:		
Approximate Subcontract Value: \$	Approx. Start Date:	Approx. End Date:
Contractor is DSBS-certified as: M/WBE <input type="checkbox"/> EBE <input type="checkbox"/> LBE <input type="checkbox"/> (check all that apply and note status) N/A <input type="checkbox"/>		

SUBCONTRACTOR #2 INFORMATION

Name:		
Phone:	Fax:	
Address:	City	State/Zip:
EIN/SSN:	E-Mail:	
Subcontract Description:		
Approximate Subcontract Value: \$	Approx. Start Date:	Approx. End Date:
Contractor is DSBS-certified as: M/WBE <input type="checkbox"/> EBE <input type="checkbox"/> LBE <input type="checkbox"/> (check all that apply and note status) N/A <input type="checkbox"/>		

SUBCONTRACTOR #3 INFORMATION

Name:		
Phone:	Fax:	
Address:	City	State/ZIP:
EIN/SSN:	E-Mail	
Subcontract Description:		
Approximate Subcontract Value: \$	Approx. Start Date:	Approx. End Date:
Contractor is DSBS-certified as: M/WBE <input type="checkbox"/> EBE <input type="checkbox"/> LBE <input type="checkbox"/> (check all that apply and note status) N/A <input type="checkbox"/>		

Prime Contractor Certification: I hereby affirm that the information supplied is true and correct.

Signature:	Title:
Print Name:	Date:

CITY OF NEW YORK
Initial LIST OF SUBCONTRACTORS (“ Initial LOS”)
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Directions: For all multi-year contracts for which a utilization plan has been submitted pursuant to Local Law 1 of 2013, the contractor must use this form annually to indicate a list of persons to which it intends to award subcontracts to during each twelve-month period following the initial year of the contract term. Each page should be signed and certified. Attach additional pages (copies of this page) as needed.

PRIME CONTRACT INFORMATION

Agency:	Unit/Division:
FMS Contract No.:	PIN:
Contract Value: \$	Registration Date:
Contract Description:	

PRIME CONTRACTOR IDENTIFICATION

Name:		
Phone:	Fax:	
Address:	City	State/Zip:
EIN/SSN:	E-Mail:	

SUBCONTRACTOR #4 INFORMATION

Name:		
Phone:	Fax:	
Address:	City	State/Zip:
EIN/SSN:	E-Mail:	
Subcontract Description:		
Approximate Subcontract Value: \$	Approx. Start Date:	Approx. End Date:
Contractor is DSBS-certified as: M/WBE <input type="checkbox"/> EBE <input type="checkbox"/> LBE <input type="checkbox"/> (check all that apply and note status) N/A <input type="checkbox"/>		

SUBCONTRACTOR #5 INFORMATION

Name:		
Phone:	Fax:	
Address:	City	State/Zip:
EIN/SSN:	E-Mail:	
Subcontract Description:		
Approximate Subcontract Value: \$	Approx. Start Date:	Approx. End Date:
Contractor is DSBS-certified as: M/WBE <input type="checkbox"/> EBE <input type="checkbox"/> LBE <input type="checkbox"/> (check all that apply and note status) N/A <input type="checkbox"/>		

SUBCONTRACTOR #6 INFORMATION

Name:		
Phone:	Fax:	
Address:	City	State/ZIP:
EIN/SSN:	E-Mail	
Subcontract Description:		
Approximate Subcontract Value: \$	Approx. Start Date:	Approx. End Date:
Contractor is DSBS-certified as: M/WBE <input type="checkbox"/> EBE <input type="checkbox"/> LBE <input type="checkbox"/> (check all that apply and note status) N/A <input type="checkbox"/>		

Prime Contractor Certification: I hereby affirm that the information supplied is true and correct.

Signature:	Title:
Print Name:	Date: