**Attachment XX – Proposed Subcontractors**

Contractor Name: [Name]

Check “NO” if you WILL NOT subcontract any portion of the Work and will therefore be performing all of the Work with your own personnel.

|  |  |
| --- | --- |
| **☐** | NO, the Offeror will not subcontract any portion of the Work. |

If you WILL subcontract any portion of the Work, check “YES” below and list the name(s) of persons or companies you propose to use as Subcontractors.

1. Fill in the information for each significant Subcontractor – indicate the type of work the Subcontractor will perform under the Contract and their approximate percentage of the total Contract work;
2. Provide copies of relevant certifications each person or firm possesses attached to this form; AND
3. Provide a description of quality assurance (QA) and quality control (QC) measures that you will use to ensure that Subcontractor’s work meets the Contract requirements.

State may demand additional information about proposed Subcontractors as a precondition of Award.

|  |  |
| --- | --- |
| **☐** | YES, the Offeror will use the Subcontractors listed below:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Name and contact information** | **Small business** | **Work to be performed and QA/QC measures** | **%** |
| **1.** | [Name][Contact information] | Yes or No  | [Work to be performed][QA/QC measures] | X |
| **2.** | [Name][Contact information] | Yes or No  | [Work to be performed][QA/QC measures] | X |
| **3.** | [Name][Contact information] | Yes or No  | [Work to be performed][QA/QC measures] | X |
| **4.** | [Name][Contact information] | Yes or No  | [Work to be performed][QA/QC measures] | X |
| **5.** | [Name][Contact information] | Yes or No  | [Work to be performed][QA/QC measures] | X |