

Subcontractor & Material Supplier Declaration

State of Ohio Standard Forms and Documents

The intent of this form is to confirm the companies submitted have been reviewed, appear to be Responsible, and are proposing to provide the services/material goods listed in compliance with the Contract Documents. If the Project is administered using OAKS CI, use the OAKS CI "Subcontractor Supplier Declaration" business process in lieu of this paper form.

Instructions

1. Contracting Authority Initial Responsibilities:

- A. Complete Contractor Information section at top of the form.
- B. Complete Project Information section at top of the form.
- C. Issue to the Contractor via e-mail as an attachment.

2. Contractor Responsibilities:

- A. Use the form provided by the Contracting Authority as a master for the project. Creation of additional pages electronically or by photocopying is permitted.
- B. Complete all required information for each Subcontractor and Material Supplier. (Attach additional sheets as necessary.) Lower tier Subcontractors who may provide on site labor must be identified as Subcontractors.
- C. Check company type as a Subcontractor or Material Supplier.
- D. Enter company name, address, phone number, fax number, federal tax I.D. number and e-mail address.
- E. Indicate the primary company officer (e.g., President, Owner) and contact person.
- F. Enter the date and amount of subcontracts and purchase orders.
- G. Enter a brief description of the type of work to be performed by the Subcontractor. Enter a brief description of the services/material brands being supplied by the company. Attach additional sheets as necessary with clear descriptions.
- H. Complete "DFSP Enrolled" section. Contractors, Subcontractors and Material Suppliers providing labor on a state construction project site must be enrolled in the BWC Drug-Free Safety Program (DFSP) or BWC-approved DFSP prior to performing work on the site. Submit supporting documentation demonstrating approval status for a BWC-approved DFSP.
- I. Enter the DFSP policy number.
- J. Complete "EDGE Status" section. See the EDGE Web site for any questions at www.EDGE.ohio.gov:
 - Certified = EDGE-certified by Equal Opportunity Division (EOD).
 - Pending = EDGE application submitted to EOD and waiting for response.
 - Mentor = Special category of participation within the EDGE program.
 - Protégé = Special category of participation within the EDGE program.
- K. Certify form by signing in the space provided and e-mail or fax to the A/E, Contracting Authority, and Construction Manager (CM) if applicable, for review.

3. A/E Review:

- A. Review form in collaboration with CM if applicable, and the Contracting Authority.
- B. When consensus is reached, sign in the space provided and e-mail or fax the form to the Contracting Authority or CM if applicable.

4. CM Review, if applicable:

- A. Review form in collaboration with the A/E and the Contracting Authority.
- B. When consensus is reached, receive the form from the A/E, sign in the space provided, and e-mail or fax the form to the Contracting Authority.
- C. The CM must sign the same form the A/E has signed.

5. Contracting Authority Approval:

- A. Verify DFSP enrollment, including supporting documentation, if applicable.
- B. Verify current EDGE-certified status using the EOD Web site.
- C. Complete "For Cont. Auth. Use Only" section in the order indicated below
 1. Determine status of companies listed on each sheet received.
 - a. When one or more companies require "Extended Review": mark company status for each, and then go to C2.
 - b. When one or more companies are rejected: mark company status for each, and then go to C3.
 - c. When all companies are approved: mark company status for each, and then go to C4.
 2. Forward a copy of the annotated form to the Contractor as its notice of the Extended Review; then, proceed to perform and complete the Extended Review. When completed, mark form as appropriate, and process per C1b or C1c.
 3. Prepare written documentation of basis for rejection and insert it into the project file, and if appropriate, insert a copy into the "responsibility review file" for the particular company; and then go to C4.
 4. Forward a copy of the annotated form to the A/E, Contractor, and CM if applicable. Insert the original form into the "Project file."

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Contractor Information

Company Name _____
 Address _____
 City, State, Zip _____
 Type of Contract _____

Project Information

Contract No. _____
 Project Name _____
 Project Location _____

Sheet¹ _____ of _____

	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Material Supplier (check one)	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Material Supplier (check one)	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Material Supplier (check one)
Company Name			
Street Address			
City/State/Zip			
Telephone No.			
Fax No.			
Federal Tax I.D. No.			
E-mail Address			
Primary Officer			
Contact Person			
Subcontract/P.O. Date			
Subcontract/P.O. Amount \$			
Services/Material Brands ¹			
Skilled Trade License No.			
DFSP Enrolled	<input type="checkbox"/> Yes <input type="checkbox"/> No (when supplying labor on site)	<input type="checkbox"/> Yes <input type="checkbox"/> No (when supplying labor on site)	<input type="checkbox"/> Yes <input type="checkbox"/> No (when supplying labor on site)
DFSP Policy No.			
EDGE Status ²	<input type="checkbox"/> Certified <input type="checkbox"/> Pending <input type="checkbox"/> Mentor <input type="checkbox"/> Protégé	<input type="checkbox"/> Certified <input type="checkbox"/> Pending <input type="checkbox"/> Mentor <input type="checkbox"/> Protégé	<input type="checkbox"/> Certified <input type="checkbox"/> Pending <input type="checkbox"/> Mentor <input type="checkbox"/> Protégé
For Cont. Auth. Use Only	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected

Contractor Certification		A/E Review		Construction Manager Review		Contracting Authority Approval	
Contractor certifies that the information above is true and complete.		A/E has reviewed the information above and finds it in compliance with the Contract Documents as shown or as noted.		CM has reviewed the information above and finds it in compliance with the Contract Documents as shown or as noted.		Subcontractors and Material Suppliers are accepted, as shown or as noted, for use on this project subject to revocation for cause.	
Signature	Date	Signature	Date	Signature	Date	Signature	Date

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Contractor Information

Company Name _____
 Address _____
 City, State, Zip _____
 Type of Contract _____

Project Information

Contract No. _____
Project Name _____
 Project Location _____

Sheet¹ _____ of _____

	<input type="checkbox"/> Subcontractor <i>(check one)</i>	<input type="checkbox"/> Material Supplier <i>(check one)</i>	<input type="checkbox"/> Subcontractor <i>(check one)</i>	<input type="checkbox"/> Material Supplier <i>(check one)</i>	<input type="checkbox"/> Subcontractor <i>(check one)</i>	<input type="checkbox"/> Material Supplier <i>(check one)</i>
Company Name						
Street Address						
City/State/Zip						
Telephone No.						
Fax No.						
Federal Tax I.D. No.						
E-mail Address						
Primary Officer						
Contact Person						
Subcontract/P.O. Date						
Subcontract/P.O. Amount \$						
Services/Material Brands ¹						
Skilled Trade License No.						
DFSP Enrolled	<input type="checkbox"/> Yes <input type="checkbox"/> No (when supplying labor on site)		<input type="checkbox"/> Yes <input type="checkbox"/> No (when supplying labor on site)		<input type="checkbox"/> Yes <input type="checkbox"/> No (when supplying labor on site)	
DFSP Policy No.						
EDGE Status ²	<input type="checkbox"/> Certified <input type="checkbox"/> Pending <input type="checkbox"/> Mentor <input type="checkbox"/> Protégé		<input type="checkbox"/> Certified <input type="checkbox"/> Pending <input type="checkbox"/> Mentor <input type="checkbox"/> Protégé		<input type="checkbox"/> Certified <input type="checkbox"/> Pending <input type="checkbox"/> Mentor <input type="checkbox"/> Protégé	
For Cont. Auth. Use Only	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected		<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected		<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected	

Contractor Certification
 Contractor certifies that the information above is true and complete.

Signature _____ Date _____

A/E Review
 A/E has reviewed the information above and finds it in compliance with the Contract Documents as shown or as noted.

Signature _____ Date _____

Signature _____ Date _____

Construction Manager Review
 CM has reviewed the information above and finds it in compliance with the Contract Documents as shown or as noted.

Signature _____ Date _____

Signature _____ Date _____

Contracting Authority Approval
 Subcontractors and Material Suppliers are accepted, as shown or as noted, for use on this project subject to revocation for cause.

Signature _____ Date _____

Signature _____ Date _____