|  |
| --- |
| **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:**

1. Complete Contractor Information section at top of the form.
2. Complete Project Information section at top of the form.
3. Issue to the Contractor via e-mail as an attachment.

**2. Contractor Responsibilities:**

1. Use the form provided by the Contracting Authority as a master for the project. Creation of additional pages electronically or by photocopying is permitted.
2. 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.
3. Check company type as a Subcontractor or Material Supplier.
4. Enter company name, address, phone number, fax number, federal tax I.D. number and e-mail address.
5. Indicate the primary company officer (e.g., President, Owner) and contact person.
6. Enter the date and amount of subcontracts and purchase orders.
7. 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.
8. 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.
9. Enter the DFSP policy number.
10. Complete “EDGE Status” section. See the EDGE Web site for any questions at [www.EDGE.ohio.gov](http://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.

1. 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:**

1. Review form in collaboration with CM if applicable, and the Contracting Authority.
2. 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:**

1. Review form in collaboration with the A/E and the Contracting Authority.
2. 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.
3. The CM must sign the same form the A/E has signed.

**5. Contracting Authority Approval:**

1. Verify DFSP enrollment, including supporting documentation, if applicable.
2. Verify current EDGE-certified status using the EOD Web site.
3. Complete “For Cont. Auth. Use Only” section in the order indicated below
4. Determine status of companies listed on each sheet received.
	1. When one or more companies require “Extended Review”: mark company status for each, and then go to C2.
	2. When one or more companies are rejected: mark company status for each, and then go to C3.
	3. When all companies are approved: mark company status for each, and then go to C4.
5. 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.
6. 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.
7. Forward a copy of the annotated form to the A/E, Contractor, and CM if applicable. Insert the original form into the “Project file.”

|  |
| --- |
| **Subcontractor & Material Supplier Declaration** |
| **State of Ohio Standard Forms and Documents** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Contractor Information** |  | **Project Information** |  | Sheet1  |     | of |     |
| Company Name |        |  | Contract No. |        |  |  |
| Address |        |  | Project Name |        |
| City, State, Zip |        |  | Project Location |        |
| Type of Contract |        |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **[ ]  Subcontractor** **[ ]  Material Supplier** |  **[ ]  Subcontractor [ ]  Material Supplier** |  **[ ]  Subcontractor [ ]  Material Supplier** |
| *(check one)* | *(check one)* | *(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 Brands1 |        |        |        |
|  Skilled Trade License No. |        |        |        |

|  |  |  |  |
| --- | --- | --- | --- |
|  DFSP Enrolled |  [ ]  Yes [ ]  No (when supplying labor on site) |  [ ]  Yes [ ]  No (when supplying labor on site) |  [ ]  Yes [ ]  No (when supplying labor on site) |
|  DFSP Policy No. |        |        |        |
|  EDGE Status2 |  [ ]  Certified [ ]  Pending [ ]  Mentor [ ]  Protégé  |  [ ]  Certified [ ]  Pending [ ]  Mentor [ ]  Protégé |  [ ]  Certified [ ]  Pending [ ]  Mentor [ ]  Protégé |

|  |  |  |  |
| --- | --- | --- | --- |
|  For Cont. Auth. Use Only |  [ ]  Approved [ ]  Extended Review [ ]  Rejected |  [ ]  Approved [ ]  Extended Review [ ]  Rejected |  [ ]  Approved [ ]  Extended Review [ ]  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 |

|  |
| --- |
| **Subcontractor & Material Supplier Declaration** |
| **State of Ohio Standard Forms and Documents** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Contractor Information** |  | **Project Information** |  | Sheet1  |     | of |     |
| Company Name |        |  | Contract No. |        |  |  |
| Address |        |  | **Project Name** |        |
| City, State, Zip |        |  | Project Location |        |
| Type of Contract |        |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  **[ ]  Subcontractor [ ]  Material Supplier** |  **[ ]  Subcontractor [ ]  Material Supplier** |  **[ ]  Subcontractor [ ]  Material Supplier** |
| *(check one)* | *(check one)* | *(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 Brands1 |        |        |        |
|  Skilled Trade License No. |        |        |        |

|  |  |  |  |
| --- | --- | --- | --- |
|  DFSP Enrolled |  [ ]  Yes [ ]  No (when supplying labor on site) |  [ ]  Yes [ ]  No (when supplying labor on site) |  [ ]  Yes [ ]  No (when supplying labor on site) |
|  DFSP Policy No. |        |        |        |
|  EDGE Status2 |  [ ]  Certified [ ]  Pending [ ]  Mentor [ ]  Protégé  |  [ ]  Certified [ ]  Pending [ ]  Mentor [ ]  Protégé |  [ ]  Certified [ ]  Pending [ ]  Mentor [ ]  Protégé |

|  |  |  |  |
| --- | --- | --- | --- |
|  For Cont. Auth. Use Only |  [ ]  Approved [ ]  Extended Review [ ]  Rejected |  [ ]  Approved [ ]  Extended Review [ ]  Rejected |  [ ]  Approved [ ]  Extended Review [ ]  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 |