Form required for Labor Standards, AA/EEO, HUD Section 3, and [Person_1]

Submit completed form to: Contract Compliance & Business Development
15 West Kellogg Blvd, Room 280
[Person_2], MN 55102-1681
Phone: [PHONE_PREFIX]-8900, Fax: [PHONE_PREFIX]-8919
[Person_3]: [USER]@stpaul.gov

Project: Bid #: Est. Construction Cost: VOP Goal: $ %

Please identify all sub-contractors (including material suppliers) you intend to utilize on this project. Identify all suppliers with an (S).

Identify Minority Owned, [Person_4], [Person_5], and Section 3 businesses with MBE, WBE, SBE, or Sec 3 respectively. Please identify Certified Vendors.

Form must be updated and submitted when you add, delete, or make other changes to the list.

	Name, Address, Contact Person, and Phone Number	CERT W/M/S/BE Vendor	Section 3 Certified Vendor	Nature of Work	Date Work to Begin	Date Work Completed
PRIME:						
SUBS: 1						
2						
3						
4						
5						
6						
7						
8						