

**WAYNE COUNTY HUMAN RELATIONS DIVISION  
FIRST TIER SUBCONTRACTOR DESIGNATION FORM  
\*To be completed by Prime Contractors for "First Tier" Subcontractors Only\***

*This form Must be completed by all prime contractors* receiving a contract of more than \$50,000 (supply/service) or more than \$100,000 (construction) from Wayne County regardless of the dollar amount at which the subcontractor participates. The prime contractor is responsible for ensuring that all first tier subcontractors obtain FEP Certification/Compliance.

**\*\*THIS PAGE MUST BE COMPLETED EVEN IF NO SUBCONTRACTORS WILL BE USED\*\***

**1. CONTRACT NUMBER:** \_\_\_ - \_\_\_ - \_\_\_ (number on bid announcement)

**2. CHECK ONE:**

This is a:  **SUPPLIES/SERVICES** contract (over \$50,000?  YES  NO)  
OR  
 **CONSTRUCTION** contract (over \$100,000?  YES  NO)

**3. WILL SUBCONTRACTORS BE USED FOR THIS CONTRACT? (Check One)**

**YES**       **NO**

**(This page must be completed even if no subcontractors will be used)**

Prime Company Name:		Fed Tax ID:	
Address:			
City:	County:	State:	Zip:
Phone: (      )		Fax: (      )	
Authorized Contact Person:		Email:	

**I Declare that all of the information contained in this form is complete and accurate to the best of my knowledge.**

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you answered "YES" to subcontractors, complete the next page.**

# SUBCONTRACTOR LIST

(MAKE ADDITIONAL COPIES OF THIS PAGE TO LIST ADDITIONAL SUBCONTRACTORS)

Prime Contractor Name \_\_\_\_\_

Contract # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Subcontractor #** \_\_\_\_\_

Company Name		Fed Tax ID:	
Address			
City:	County:	State	Zip
Authorized contact:	Phone: ( )	Fax ( )	
Subcontract Amount: \$ _____ % of Contract _____			
Work to be performed:			

**Subcontractor #** \_\_\_\_\_

Company Name		Fed Tax ID:	
Address			
City:	County:	State	Zip
Authorized contact:	Phone: ( )	Fax: ( )	
Subcontract Amount: \$ _____ % of Contract _____			
Work to be performed:			

**Subcontractor #** \_\_\_\_\_

Company Name		Fed Tax ID:	
Address			
City:	County:	State	Zip
Authorized contact:	Phone: ( )	Fax: ( )	
Subcontract Amount: \$ _____ % of Contract _____			
Work to be performed:			

**Subcontractor #** \_\_\_\_\_

Company Name		Fed Tax ID:	
Address			
City:	County:	State	Zip
Authorized contract:	Phone: ( )	Fax: ( )	
Subcontract Amount: \$ _____ % of Contract _____			
Work to be performed:			