

**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 (supplies/services) or more that \$100,000 (construction) from Wayne County regardless of the dollar amount at which the subcontractor participates.

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

**1. CONTRACT NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Number on Bid Announcement)

**TCM Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Internal use only)

**2. CHECK ONE:**

This is a: **SUPPLY/SERVICE** 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**

**\* If you answered "YES" complete the next page.**

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 \_\_\_\_\_

# SUBCONTRACTOR LIST

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

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

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

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

TCM# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Internal use only)

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 contact:	Phone:	Fax:	
Subcontract Amount: \$		% of Contract	
Work to be performed:			