

## CITY OF NEW YORK SUBCONTRACTOR APPROVAL FORM

Column on left indicates whom that section is to be completed by.

### PRIME CONTRACT INFORMATION

AGENCY (Program Unit)

<b>Agency:</b> NYC Department of Small Business Services #801		<b>Unit/Div:</b>	
FMS Contract No.:		PIN:	Program Manager:
Contract Term:		Contract Value:\$	Registration Date:
Contract Description:			
<b>Contract Subject to a Project Labor Agreement (PLA)</b> <input type="checkbox"/>			

### PRIME CONTRACTOR IDENTIFICATION

Name:			
Phone:		Fax:	
Address:		City:	State/Zip:
EIN/SSN:		Contact Name:	

### SUBCONTRACTOR INFORMATION

PRIME CONTRACTOR

Name:			
Phone:		Fax:	
Address:		City:	State/Zip:
EIN/SSN:		Contact Name:	
Subcontract Description:			
Subcontract Value: \$		Start Date:	End Date:
<b>Subcontractor is DSBS-certified as: M/WBE</b> <input type="checkbox"/> <b>EBE</b> <input type="checkbox"/> <b>or LBE</b> <input type="checkbox"/> <b>(check all that apply &amp; note status below)</b>			
YES <input type="checkbox"/>	Application Pending <input type="checkbox"/>	Intends to Apply <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Subcontractor Signed Letter of Assent</b> <input type="checkbox"/> <b>(if Prime Contractor is subject to a Project Labor Agreement)</b>			
<b>Subcontractor Prevailing Wage or Living Wage Statement (if applicable)</b> <input type="checkbox"/>			
<b>Prime Contractor Certification:</b> I hereby affirm that the information supplied is true and correct.			
Signature _____		Title _____	
Print Name _____		Date _____	

### AGENCY PRELIMINARY REVIEW

PLEASE SEE PAGE 2 FOR INSTRUCTIONS

AGENCY (Procurement Unit)

Agency Preliminary Review Completed By: _____		Date _____	
1. VENDEX <input type="checkbox"/>	2. Employment <input type="checkbox"/>	3. References <input type="checkbox"/>	4. PLA <input type="checkbox"/>
5. Apprenticeship <input type="checkbox"/>		6. Licenses <input type="checkbox"/>	

### PRIME CONTRACTOR RESPONSE

PRIME CT

For each of the boxes checked in the agency preliminary response above, I have informed the Subcontractor of all relevant requirements and provided all requested documentation.

Initials: \_\_\_\_\_ Date \_\_\_\_\_

### AGENCY FINAL RESPONSE

AGENCY (Legal & Proc. Units)

Final Agency Approval:    Granted <input type="checkbox"/> Denied <input type="checkbox"/>	
Signature (Approved by Legal As To Form):	Date _____
Submit to Fiscal:	Entered into FMS:                      Initials: _____