

# Subcontractor & Material Supplier Declaration

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Engineering and Construction  
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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.

## Instructions

### 1. Owner Responsibilities:

- A. Complete Contractor Information section at top of form.
- B. Complete Project Information section at top of form.
- C. Issue to Contractor via e-mail attachment in electronic format.

### 2. Contractor Responsibilities:

- A. Use the form provided by the OWNER as a master for the project. Create electronically or photocopying is permitted.
- B. Complete all required information for each Subcontractor and Material Supplier. (Attach additional sheets as necessary.) Second and third tier Subcontractors of Material Suppliers who may provide on site labor shall be identified as Subcontractors.
- C. Check company type as a Subcontractor or Material Supplier.
- D. Enter company name, address, phone number, fax number, federal tax I.D. number and e-mail address.
- E. Indicate the primary company officer (i.e. President, Owner, etc.) and contact person.
- F. Enter the subcontract date and subcontract amount.
- G. 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.
- H. Complete "DFWP Enrolled" section. Contractors, Subcontractors and Material Suppliers providing labor on a state construction project site must be enrolled in a BWC or BWC-approved Drug-Free Workplace Program prior to performing work on the site.
- I. Complete "EDGE Status" section (labor). See EDGE Web site for any questions at <http://www.ohio.gov/das/edge>.  
Certified = Certified by the Ohio EDGE program.  
Pending = Application submitted to EDGE awaiting response.  
Mentor = Special category of participation within EDGE  
Protégé = Special category of participation within EDGE
- J. Complete "ethnicity" section. For questions, refer to the Equal Employment Opportunity Web site at: <http://www.ohio.gov/das/eod/>.  
AA = African American  
CA = Caucasian  
HI = Hispanic  
NA = Native American  
OA = Oriental American

- K. Complete "gender status" section: Male- or Female-owned business. For questions, refer to the Equal Employment Opportunity Web site at: <http://www.ohio.gov/das/eod/>.
- L. Complete "disabled" section (if applicable). Note: To be considered disabled, company must be certified with a disability as recognized by a government agency. For questions, refer to the Equal Employment Opportunity Web site at: <http://www.ohio.gov/das/eod/>.
- M. Certify form by signing in the space provided and fax to the Associate, OWNER and Construction Manager (if applicable) for review.

### 3. Associate Responsibilities:

- A. Review form in collaboration with Construction Manager (if applicable) and the OWNER.
- B. When consensus is reached, sign in space provided and fax to the OWNER.

### 4. Construction Manager Responsibilities (if applicable):

- A. Review form in collaboration with Associate and the OWNER.
- B. When consensus is reached, sign in space provided and fax to the OWNER.
- C. Construction Manager shall sign the same form the Associate has signed.

### 5. Owner Responsibilities:

- A. Verify DFWP (Drug-Free Workplace Program) enrollment.
- B. Verify EDGE status.
- C. Complete "For OWNER Use Only" section in the order indicated below
  1. Determine status of company(ies) listed on each sheet received.
    - a. When one or more companies require "Extended Review": mark company status for each, then go to C2.
    - b. When one or more companies are rejected: mark company status for each, go to C3.
    - c. When all companies are approved: mark company status for each, go to C4.
  2. First, 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.
  3. First, prepare written documentation of basis for rejection and insert it into the project file, and if appropriate, insert a copy into the OWNER "responsibility review file" for the particular company; then go to C4.
  4. Forward a copy of the annotated form to the Associate, Contractor, and (if applicable) Construction Manager. Insert original into the OWNER project file.

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## Contractor Information

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Type of Contract \_\_\_\_\_

## Project Information

OWNER Contract No. - - - -  
 Local No. \_\_\_\_\_  
 Project Name \_\_\_\_\_  
 Project Location \_\_\_\_\_

Sheet<sup>1</sup> \_\_\_\_\_ of \_\_\_\_\_

	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Material Supplier <i>(check one)</i>	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Material Supplier <i>(check one)</i>	<input type="checkbox"/> Subcontractor <input type="checkbox"/> Material Supplier <i>(check one)</i>
Company Name			
Street Address			
City/State/Zip			
Telephone No.	( ) -	( ) -	( ) -
Fax No.	( ) -	( ) -	( ) -
Federal Tax I.D. No.			
E-mail Address			
Primary Officer			
Contact Person			
Subcontract Date			
Subcontract Amount \$			
Services/Material Brands <sup>1</sup>			
Skilled Trade License No.			
DFWP Enrolled	<input type="checkbox"/> Yes <input type="checkbox"/> No (when supplying labor on site)	<input type="checkbox"/> Yes <input type="checkbox"/> No (when supplying labor on site)	<input type="checkbox"/> Yes <input type="checkbox"/> No (when supplying labor on site)
EDGE Status <sup>2</sup>	<input type="checkbox"/> Certified <input type="checkbox"/> Pending <input type="checkbox"/> Mentor <input type="checkbox"/> Protégé	<input type="checkbox"/> Certified <input type="checkbox"/> Pending <input type="checkbox"/> Mentor <input type="checkbox"/> Protégé	<input type="checkbox"/> Certified <input type="checkbox"/> Pending <input type="checkbox"/> Mentor <input type="checkbox"/> Protégé
Ethnicity	<input type="checkbox"/> AA <input type="checkbox"/> CA <input type="checkbox"/> HI <input type="checkbox"/> NA <input type="checkbox"/> OA	<input type="checkbox"/> AA <input type="checkbox"/> CA <input type="checkbox"/> HI <input type="checkbox"/> NA <input type="checkbox"/> OA	<input type="checkbox"/> AA <input type="checkbox"/> CA <input type="checkbox"/> HI <input type="checkbox"/> NA <input type="checkbox"/> OA
Gender   Disabled	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
For OWNER Use Only	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected	<input type="checkbox"/> Approved <input type="checkbox"/> Extended Review <input type="checkbox"/> Rejected

**Contractor Certification**  
 Contractor certifies that the information above is true and complete.

**Associate Review**  
 Associate has reviewed the information above and finds it in compliance with the Contract Documents as shown or as noted.

**Project Manager Review**  
 Project Manager has reviewed the information above and finds it in compliance with the Contract Documents as shown or as noted.

**University Engineer Approval**  
 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 \_\_\_\_\_

