

**DETROIT WAYNE INTEGRATED HEALTH NETWORK  
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)*

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

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

**2. CHECK ONE:**

This is a:  SUPPLIES/SERVICES contract (over \$50,000?  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:			

