CONTRACTOR FACT SHEET

Contract #		<u> </u>	17.01 011	<u></u>		
General Contractor:						
Address:						
□ Union						
□ Section 3						
□ MBE □ WBE □ Other						
Please also indicate any subcontractors	that will assist in completion	on of the con	tract scope:			
Name of Subcontractor	Work Classification	Union (Y/N)	Section 3 (Y/N)	MBE (Y/N)	WBE (Y/N)	Other SDO Certifications (DBE, VBE etc.)
AUTHORIZED OFFICIAL				DATE		

CONTRACTOR FACT SHEET

Work Classification	Union (Y/N)	Section 3 (Y/N)	MBE (Y/N)	WBE (Y/N)	Other SDO Certifications (DBE, VBE etc.)
		Work Classification Union	Work Classification Union Section 3	Work Classification Union Section 3 MBE	Work Classification Union (Y/N) Section 3 (Y/N) (Y/N) WBE (Y/N) (Y/N) WBE (Y/N)

AUTHORIZED OFFICIAL	DATE	