



**DIVISION OF SMALL BUSINESS OPPORTUNITY (DSBO)
1A - LIST OF PROPOSED SUBCONTRACTORS,
SUBCONSULTANTS, AND/OR SUPPLIERS**

City & County of Denver Contract No.: _____
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List ALL (certified and non-certified) firms the undersigned will utilize on this project. If additional pages are required, please copy and attach the second page. This form must be updated and submitted to DSBO when subcontractors, subconsultants, and/or suppliers are added throughout the contract duration.

Contractor/Consultant		
Name of Firm: <input type="checkbox"/> MWBE (v) <input type="checkbox"/> SBE (v) <input type="checkbox"/> DBE (v) <input type="checkbox"/> EBE (v)		
Firm's Representative:		
Signature:		Date:
Address:		
City:	State:	Zip:
Phone:	Email:	
Total Contract Value \$:	Self-Performing Contract Value \$:	

Subcontractors, Subconsultants, and/or Suppliers		
Name of Firm: <input type="checkbox"/> MWBE (v) <input type="checkbox"/> SBE (v) <input type="checkbox"/> DBE (v) <input type="checkbox"/> EBE (v)		
Firm's Representative:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Type of Service:	Contract Value \$:	
Anticipated Start Date:	Anticipated Completion Date:	

Name of Firm: <input type="checkbox"/> MWBE (v) <input type="checkbox"/> SBE (v) <input type="checkbox"/> DBE (v) <input type="checkbox"/> EBE (v)		
Firm's Representative:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Type of Service:	Contract Value \$:	
Anticipated Start Date:	Anticipated Completion Date:	

Name of Firm:			<input type="checkbox"/> MWBE (v) <input type="checkbox"/> SBE (v) <input type="checkbox"/> DBE (v) <input type="checkbox"/> EBE (v)		
Firm's Representative:					
Address:					
City:		State:		Zip:	
Phone:		Email:			
Type of Service:		Contract Value \$:			
Anticipated Start Date:			Anticipated Completion Date:		

Name of Firm:			<input type="checkbox"/> MWBE (v) <input type="checkbox"/> SBE (v) <input type="checkbox"/> DBE (v) <input type="checkbox"/> EBE (v)		
Firm's Representative:					
Address:					
City:		State:		Zip:	
Phone:		Email:			
Type of Service:		Contract Value \$:			
Anticipated Start Date:			Anticipated Completion Date:		

Name of Firm:			<input type="checkbox"/> MWBE (v) <input type="checkbox"/> SBE (v) <input type="checkbox"/> DBE (v) <input type="checkbox"/> EBE (v)		
Firm's Representative:					
Address:					
City:		State:		Zip:	
Phone:		Email:			
Type of Service:		Contract Value \$:			
Anticipated Start Date:			Anticipated Completion Date:		

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Firm's Representative:					
Address:					
City:		State:		Zip:	
Phone:		Email:			
Type of Service:		Contract Value \$:			
Anticipated Start Date:			Anticipated Completion Date:		