

# CITY OF GARY – GARY SANITARY DISTRICT – GARY STORM WATER MANAGEMENT DISTRICT



## SUBCONTRACTOR UTILIZATION FORM



Note: This form shall be submitted with each bid or proposal and may also be used on City of Gary projects. All companies seeking to do business in Gary must be appropriately licensed by the City of Gary prior to the commencement of work. Refusal to submit this form may deem you non-responsive and non-responsible. Questions concerning this form should be directed in writing to Tammi Davis, Director of Compliance and Policy Engagement, at [tammi@garysan.com](mailto:tammi@garysan.com) or 219-944-0595 ext. 1824.

Select if this form is being submitted with your bid, pre-construction or is updated. ☐ Bid Form ☐ Pre-Construction ☐ Updated: date \_\_\_\_\_

Attach appropriate copies of Diverse Certifications (GBE/MBE/WBE/DBE/SBE/VBE) for each diverse vendor listed.

|                           |                      |
|---------------------------|----------------------|
| Project Name:             | Project Number:      |
| General/Prime Contractor: | BID Amount:          |
| Address:                  | Contact Name/Number: |

Part I. List ALL subcontractors and suppliers. Check box ☐ if firm is a supplier. Attach additional sheets if necessary. ☐ Additional list attached.

| Name & Address of Subcontractor or Supplier | Contact Name & Phone Number | Certification<br>GBE, MBE,<br>WBE, DBE,<br>SBE, VBE | Scope of Work or<br>Materials to be supplied | Subcontract<br>Amount | % of<br>Prime's Bid<br>or Contract | Trades to be Used |
|---|-----------------------------|---|--|-----------------------|------------------------------------|-------------------|
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                                    |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                                    |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                                    |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                                    |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                                    |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                                    |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                                    |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                                    |                   |

### Part II.

|                        | Total Amount | % of Prime Contract |                                 | Total Amount | % of Prime Contract |
|------------------------|--------------|---------------------|---------------------------------|--------------|---------------------|
| Total GBE Subcontracts |              |                     | Total DBE Subcontracts          |              |                     |
| Total MBE Subcontracts |              |                     | Total SBE/VBE Subcontracts      |              |                     |
| Total WBE Subcontracts |              |                     | Total Non-Minority Subcontracts |              |                     |

I, (name) \_\_\_\_\_ certify by my signature below that the information supporting and provided on this Subcontractor Utilization Report is correct and true to the best of my knowledge and awareness. I further understand that authorized personnel of the Gary Sanitary District and/or City of Gary may confirm any information contained herein and commit to cooperate if any additional information is needed or requested.

Signature of Authorized Representative

Date

CITY OF GARY – GARY SANITARY DISTRICT – GARY STORM WATER MANAGEMENT DISTRICT



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|                           |                      |
|---------------------------|----------------------|
| Project Name:             | Project Number:      |
| General/Prime Contractor: | Contact Name/Number: |

Part I. List of subcontractors and suppliers continued.

| Name & Address of Subcontractor or Supplier | Contact Name & Phone Number | Certification<br>GBE, MBE,<br>WBE, DBE,<br>SBE, VBE | Scope of Work or<br>Materials to be supplied | Subcontract<br>Amount | % of<br>Bid or<br>Contract | Trades to be Used |
|---|-----------------------------|---|--|-----------------------|----------------------------|-------------------|
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                            |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                            |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                            |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                            |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                            |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                            |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                            |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                            |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                            |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                            |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                            |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                            |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                            |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                            |                   |
| <input type="checkbox"/> SUPPLIER           |                             |   |  |                       |                            |                   |