



**Minimum Compensation Ordinance / Health Care Accountability Ordinance MCO/HCAO
Subcontractor Information Form**

Contract Information

Contract Title	Contract Number
Name of Primary Contractor	Phone Number of Primary Contractor
Email Address of Primary Contractor	
Address of Primary Contractor	

Subcontractor Information

Name of Subcontractor	Phone Number of Subcontractor
Email Address of Subcontractor	
Address of Subcontractor	Number of Employees of Subcontractor

Subcontract Information

Please describe the work the subcontractor will be performing:
Subcontract dollar amount:

Other Subcontracts

Does the subcontractor have other contractors working for them that will be performing work for the City contract? Yes No If yes, please supply full information for each one here:				
Subcontractor Name	Address	Phone #	# of Employees	Subcontract \$ Amount

I certify that the above information is true.

Name (Prime Contractor)	
Your Signature	Date
Name (Subcontractor)	
Your Signature	Date