

GFE PROGRAM: FORM 1
SUBCONTRACTOR & SELF-PERFORM LIST

Bidder Name: _____ Bid Number: _____

Project Name: _____ Total Bid Amount: _____

Bidders must identify all DOWs to be self-performed and subcontracted. DOWs not self-performed are subject to the GFE Program requirements. Before submitting, check to ensure **all** listed DOWs for this project appear in at least one of the two tables below.

| <u>DIVISIONS OF WORK TO BE SELF-PERFORMED</u> (GFE NOT REQUIRED) |
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Note: Divisions of Work that will **not** be Self-Performed will be itemized on the next page.

GFE PROGRAM: FORM 1 (CONTINUED)

Bidder Name: _____ Solicitation Number: _____

Project Name: _____ Contact Person: _____

DIVISIONS OF WORK NOT TO BE SELF-PERFORMED
 (LIST ALL SUBCONTRACTORS—CERTIFIED AND NON-CERTIFIED)

| ALL SUBCONTRACTORS (Use the Subcontractor's complete legal name) | DIVISIONS OF WORK (PROVIDE DESCRIPTION) | DOLLAR VALUE OF SUBCONTRACT | LIST ALL CERTIFICATIONS (ESB; MBE, WBE, SDV, DBE, ACDBE) |
|--|---|--|--|
| Name _____ Address _____ City/St/Zip _____ Phone _____ CCB# _____ | | | |
| Name _____ Address _____ City/St/Zip _____ Phone _____ CCB# _____ | | | |
| Name _____ Address _____ City/St/Zip _____ Phone _____ CCB# _____ | | | |

***ESB**: Emerging Small Business; **MBE**: Minority-owned Business; **WBE**: Women-Owned Business; **SDV**: Service-Disabled Veteran-Owned Business;
DBE or ACDBE: Disadvantaged Business Enterprise

GFE PROGRAM: FORM 1 (CONTINUED)

Bidder Name: _____ Solicitation Number: _____

Project Name: _____ Contact Person: _____

DIVISIONS OF WORK NOT TO BE SELF-PERFORMED
 (LIST ALL SUBCONTRACTORS—CERTIFIED AND NON-CERTIFIED)

| ALL SUBCONTRACTORS (Use the Subcontractor's complete legal name) | DIVISIONS OF WORK (PROVIDE DESCRIPTION) | DOLLAR VALUE OF SUBCONTRACT | LIST ALL CERTIFICATIONS (ESB; MBE, WBE, SDV, DBE, ACDBE) |
|--|---|--|--|
| Name _____ Address _____ City/St/Zip _____ Phone _____ CCB# _____ | | | |
| Name _____ Address _____ City/St/Zip _____ Phone _____ CCB# _____ | | | |
| Name _____ Address _____ City/St/Zip _____ Phone _____ CCB# _____ | | | |

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