Saint Paul Department of Human Rights and Equal Economic Opportunity

Date

IDENTIFICATION OF PRIME CONTRACTOR AND SUBCONTRACTORS (INCLUDING MATERIAL SUPPLIERS)



Form required for Labor Standards, AA/EEO, HUD Section 3, and Vendor Outreach

Submit completed form to: Contract Compliance & Business Development

15 West Kellogg Blvd, Room 280 Phone: 651-266-8900, Fax: 651-266-8919 Saint Paul, MN 55102-1681 Email: contractcompliance@stpaul.gov

Project:	Bid #:	Est. C	onstruction Cost:		VOP Goal:	\$	%
Identify Minority Owned, Wome	ors (including material suppliers) you en Owned, Small, and Section 3 busin ubmitted when you add, delete, or	esses with MBE, V	WBE, SBE, or Sec		Certified Vendors.		
	ntact Person, and Phone Number	CERT W/M/S/BE Vendor	Section 3 Certified Vendor	Nature of Work	Date Work to Begin	Date Work Completed	Contract Amount
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UBS: 1		 _					
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Saint Paul Department of Human Rights and Equal Economic Opportunity

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	Name, Address, Contact Person, and Phone Number	CERT W/M/S/BE Vendor	Section 3 Certified Vendor	Nature of Work	Date Work to Begin	Date Work Completed	Contract Amount
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