Date

Saint Paul Department of Human Rights and Equal Economic Opportunity IDENTIFICATION OF PRIME CONTRACTOR AND SUBCONTRACTORS (INCLUDING MATERIAL SUPPLIERS)

ID sheet for Professional Service Agreements (PSAs)

The purpose of this form is to notify the City of Saint Paul that your business is paying other businesses (subcontractors, suppliers, or vendors) as a part of your awarded contract. Please complete as thoroughly as possible and submit to your city project manager and contractompliance@ci.stpaul.mn.us.



Project or Contract Name:

Contract award amount \$ or estimated total project cost

Date form completed or updated:

nstructions:

List all businesses that you will be paying as "vendors" below. This includes subcontractors, suppliers, and any other businesses you are paying. Note if a vendor has CERT certification (MBE, WBE, SBE) in column C. The CERT directory can be found at https://cert.smwbe.com/

If you are not paying other businesses on this contract/project, can list "N/A" (not applicable) or "none" in the first vendor field B11. Add additional vendor lines if needed.

Keep this form current throughout the life of your project. If there are changes to vendors, make edits to the form and re-submit. Be sure to update the form completion date field with the date the form was

	Business Name, Address, Contact Person, Email, and Phone Number	CERT M/W/S/BE Vendor	Nature of work, service provided, or type of supply	Date Work to Begin	Date Work Completed	Contract \$ Amount or Total Payment Estimate
Awarded Vendor:						
VENDORS paid by awarded vendor						
1						-
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

	City of Saint Paul HREEO Use Only				
Total Business Opportunity (VOP					
		MBE			
		WBE			
		SBE			
Total MRF WRF SRF contract S					