

A-2
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MANUAL INPUT FORM
MBE SUBCONTRACTOR INFORMATION

PAGE 1 OF 2

Please supply the following information for each Subcontractor (for
all contract payment activity).

*State Agency: _____

*Administration/Dept.: _____

*Contract Number: _____

***Subcontractor: _____

***Address Information:

Street Address _____

City, State, Zip Code _____

Phone Number _____

***Subcontractor Taxpayer ID: _____

***Subcontractor MBE Certification No. issued by MDOT: _____

*INITIAL CONTRACT PERIOD (BPO #M00B _____): From _____ To _____

**Total Subcontractor Award Amount: \$ _____

***Subcontractor Total Paid: \$ _____

*OPTION PERIOD #1 (BPO #M00B _____): From _____ To _____

**Total Subcontractor Award Amount: \$ _____

***Subcontractor Total Paid: \$ _____

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Please supply the following information for each Subcontractor (for all contract payment activity).

***OPTION PERIOD #2 (BPO #M00B _____): From _____ To _____**

****Total Subcontractor Award Amount: \$ _____**

*****Subcontractor Total Paid: \$ _____**

***OPTION PERIOD #3 (BPO #M00B _____): From _____ To _____**

****Total Subcontractor Award Amount: \$ _____**

*****Subcontractor Total Paid: \$ _____**

*****Subcontractor Notes: _____**

*****Prepared By: _____**

*****Preparer's Phone Number: _____**

- * To be completed by Agency**
- ** To be completed by Prime Contractor**
- *** To be completed by Subcontractor**