

ATTACHMENT B SUBCONTRACTOR COMMITMENT FORM

INSTRUCTIONS: Applicants must complete and submit a Subcontractor Commitment Form for each proposed subcontractor under this project.

Subcontractor Organization	
Subcontractor Name:	Subcontractor DBA Name, if different:
Employer Identification Number:	Year Incorporated/Founded:
Organization Website:	Annual Operating Budget: \$
Business Address:	Mailing Address, if different:
Contact Name & Title:	
Contact Email:	Contact Phone Number:
Subcontract Information	
Proposed Subcontract Amount: \$	Percent of Total Project Budget:
Describe the deliverables/services to be provided and <u>how this adds value to the project:</u>	
Certification	
As the Authorizing Official for the subcontractor included in this application, I am supportive of this application and commit my organization to fully engaging in the work plan provided in this application.	
_____ Signature of Authorizing Official	_____ Date
_____ Printed Name and Title	

Please check if additional forms are attached.

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