

Form EED-3704B: Subcontract Certification

Contractor Name:

Vendor Number:

County:

Contract Type:

Contract Maximum Reimbursable Amount (MRA):

Total Percentage of MRA Subcontracted:

Subcontractor #1:

Subcontractor Legal Name:

Does this subcontractor also contract with EED? Yes

No

Site No.	Site Name	Site Address	Service County	Percentage of MRA Subcontracted
1				
2				
3				
4				

Subcontractor #2:

Subcontractor Legal Name:

Does this subcontractor also contract with EED? Yes

No

Site No.	Site Name	Site Address	Service County	Percentage of MRA Subcontracted
1				
2				
3				
4				