

**COMPLETE AND SUBMIT THESE  
REQUIRED FORMS WITH YOUR  
BID SUBMISSION  
(INCLUDING YOUR BID  
FORM/FEE SCHEDULE)**

Orig. Dept.:

File/L.D. No.:

**CITY OF HOUSTON OWNERSHIP INFORMATION FORM**

PROJECT AND BID/PROPOSAL PREPARER INFORMATION

Project or Matter Being Bid: \_\_\_\_\_

**Bidder's complete firm/company business information**

Name:

Business Address [No./Street]

City / State / Zip Code

Telephone Number

**Bidder's email address**

Email Address:

STATEMENT OF RESIDENCY

(THE STATEMENT OF RESIDENCY PORTION OF THIS DOCUMENT IS NOT APPLICABLE IF THE SOLICITATION INDICATES FEDERAL FUNDS WILL BE USED)

TEX. GOV'T CODE §2252.001, §(4) defines a "Resident bidder" as a bidder whose principal place of business\* is in this state, and includes a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

TEX. GOV'T CODE §2252.001§ (3) defines a "Nonresident bidder" as a bidder who is not a resident in this state.

\* Principal Place of Business in Texas means that the business entity:

- has at least one permanent office located within the State of Texas, from which business activities other than submitting bids to governmental agencies are conducted and from which the bid is submitted; and
- has at least one employee who works in the Texas office.

Based on the definitions above, your business is a:

TEXAS RESIDENT BIDDER

NONRESIDENT BIDDER

If you are a Nonresident Bidder, does your home state have a statute giving preference to resident bidders? If so, you must attach a copy of the statute to this Document.

A copy of the State of \_\_\_\_\_ statute is attached.

**NOTE:** The State of residency of a bidder is not used in the decision-making criteria for the award of contracts for projects receiving federal funding, whether in whole or in part.

Orig. Dept.:

File/I.D. No.:

### CITY OF HOUSTON OWNERSHIP INFORMATION FORM

#### CONTRACTING ENTITY ORGANIZATIONAL ENTITY TYPE

**FOR PROFIT ENTITY:**

**NON-PROFIT ENTITY:**

- SOLE PROPRIETORSHIP
- CORPORATION
- PARTNERSHIP
- LIMITED PARTNERSHIP
- JOINT VENTURE
- LIMITED LIABILITY COMPANY
- OTHER *(specify in space below)*

- NON-PROFIT CORPORATION
- UNINCORPORATED ASSOCIATION

#### LISTING OF ADDRESSES

List all current and prior addresses where the bidder does/has done business or owns property (real estate and/or business personal property) in the city of Houston ("Houston") in the past 3 years from the date of submittal of this form. If within the past 3 years from the date of submitting this form, the bidder does not and has not done business and has not or does not own property (real estate and/or business personal property) in Houston, please state "None" on the first line below.

Address

Address

Address

ATTACH ADDITIONAL SHEETS AS NEEDED.

Orig. Dept.:

File/I.D. No.:

### CITY OF HOUSTON OWNERSHIP INFORMATION FORM

#### LISTING OF OFFICERS

LIST ALL OFFICERS OF THE ENTITY, REGARDLESS OF THE AMOUNT OF OWNERSHIP (IF NONE STATE "NONE")

Name \_\_\_\_\_  
Officer Address

Name \_\_\_\_\_  
Officer Address

Name \_\_\_\_\_  
Officer Address

Name \_\_\_\_\_  
Officer Address

Name \_\_\_\_\_  
Officer Address

Name \_\_\_\_\_  
Officer Address

#### LISTING OF DIRECTORS OR MEMBERS

LIST ALL DIRECTORS OF THE ENTITY, REGARDLESS OF THE AMOUNT OF OWNERSHIP (IF NONE STATE "NONE")

Name \_\_\_\_\_  
Director or Member Address

Name \_\_\_\_\_  
Director or Member Address

Name \_\_\_\_\_  
Director or Member Address

Name \_\_\_\_\_  
Director or Member Address

Name \_\_\_\_\_  
Director or Member Address

Orig. Dept.:

File/I.D. No.:

**CITY OF HOUSTON OWNERSHIP INFORMATION FORM**

**DISCLOSURE OF OWNERSHIP (OR NON-PROFIT OFFICERS)**

Bidders are required to disclose all owners of 10% or more of the Contracting Entity. For non-profit entities, please provide the complete information for the President, Vice-President, Secretary, and Treasurer.

IN ALL CASES, USE FULL NAMES, LOCAL BUSINESS AND RESIDENCE ADDRESSES AND TELEPHONE NUMBERS. Do NOT USE POST OFFICE BOXES FOR ANY ADDRESS. INCLUSION OF E-MAIL ADDRESSES IS OPTIONAL, BUT RECOMMENDED.

ATTACH ADDITIONAL SHEETS AS NEEDED.

**Contracting Entity:**

Name:  
Business Address [No./Street]  
City / State / Zip Code  
Telephone Number  
Email Address:

**DISCLOSURE OF OWNERSHIP (OR NON-PROFIT OFFICERS) *continued.***

**Owner(s) of 10% or More (IF NONE, STATE "NONE."):**

Name:  
Business Address [No./Street]  
City / State / Zip Code  
Telephone Number  
Email Address:  
Residence Address [No./Street]  
City / State / Zip Code

**Owner(s) of 10% or More (IF NONE, STATE "NONE."):**

Name:  
Business Address [No./Street]  
City / State / Zip Code  
Telephone Number  
Email Address:  
Residence Address [No./Street]  
City / State / Zip Code

ATTACH ADDITIONAL SHEETS AS NEEDED.

Orig. Dept.:

File/L.D. No.:

CITY OF HOUSTON OWNERSHIP INFORMATION FORM

OPTIONAL: TAX APPEAL INFORMATION

If the firm/company or an owner/officer is actively protesting, challenging, or appealing the accuracy and/or amount of taxes levied with a tax appraisal district, please provide the following information:

|                              |  |
|------------------------------|--|
| Debtor (Firm or Owner Name): |  |
| Tax Account Nos.:            |  |
| Case or File Nos.:           |  |
| Attorney/Agent Name:         |  |
| Attorney/Agent Phone No.:    |  |
| Tax Years:                   |  |

Status of Appeal [DESCRIBE]:

---



---



---



---

If an appeal of taxes has been filed on behalf of your company, please include a copy of the official form received by the appropriate agency.

REQUIRED: UNSWORN DECLARATION

I certify that I am duly authorized to submit this form on behalf of the firm, that I am associated with the firm in the capacity noted below, and that I have personal knowledge of the accuracy of the information provided herein. I affirm that all the information contained herein is true and correct to the best of my knowledge. I understand that failure to submit accurate information with my submission may result in my submission being considered non-responsive and non-responsible.

|                      |      |
|----------------------|------|
| Preparer's Signature | Date |
| Printed name         |      |
| Title                |      |

NOTE: This form constitutes a governmental record, as defined by Section 37.01 of the Texas Penal Code. Submission of a false government record and falsification of a governmental record are crimes, punishable as provided in Section 37.10 of the Texas Penal Code.



**City of Houston  
Certification of Compliance with  
Pay or Play Program**



Contractor Name: \_\_\_\_\_ \$ \_\_\_\_\_  
(Contractor/Subcontractor) (Amount of Contract)

Contractor Address: \_\_\_\_\_

Project No.: [GFS/CIP/AIP/File No.] \_\_\_\_\_

Project Name: [Legal Project Name] \_\_\_\_\_

POP Liaison Name: \_\_\_\_\_

In accordance with the City of Houston Pay or Play Program authorized by Ordinance 2007-534 and Executive Order 1-7, Contractor/Subcontractor agrees to abide by the terms of this Program. This certification is required of all contractors for contracts subject to the program. You must agree EITHER to PAY or to PLAY for all covered employees. The Contractor/Subcontractor may also Pay on behalf of some covered employees and Play on behalf of other covered employees.

The Contractor/Subcontractor will comply with all provisions of the Pay or Play Program and will furnish all information and reports requested to determine compliance with program requirements of the Pay or Play Program (See Executive Order 1-7 for the terms of the Pay or Play program) The criteria of the program is as follows:

The Contractor/Subcontractor agrees to "Pay" \$1.00 per hour for work performed by covered employees under the contract with the City. If independent contract labor is utilized the Contractor/Subcontractor agrees to report hours worked by the independent contract laborer and pay \$1.00 per hour for work performed.

Otherwise the Contractor/Subcontractor agrees to "Play" by providing health benefits to each covered employee. The health benefits must meet the following criteria:

1. The employer will contribute no less than \$150 per employee per month toward the total premium cost for single coverage only; and
2. The employee contribution, if any amount, will be no greater than 50% of the total premium cost and no more than \$150 per month.
3. Pursuant to E.O. 1-7 section 4.04 a contractor is deemed to have complied with respect to a covered employee who is not provided health benefits if the employee refuses the benefits and the employee's contribution to the premium is no more than \$40 per month.

|                                      |                          |                          |                          |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| Please select whether you choose to: | Pay                      | Play                     | Both                     |
|                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The Contractor/Subcontractor will file compliance reports with the City, which will include activity for covered employees subject to the program, in the form and to the extent requested by the administering department. Compliance reports shall contain information including, but not limited to, documentation showing employee health coverage and employee work records.

**Note: The Contractor is responsible to the City for the compliance of covered employees of covered subcontractors and only forms that are accurate and complete will be accepted.**

| *Estimated Number of:       | Prime Contractor | Sub-Contractor |
|-----------------------------|------------------|----------------|
| Total Employees on City Job |                  |                |
| Covered Employees           |                  |                |
| Non-Covered Employees       |                  |                |
| Exempt Employees            |                  |                |

\*Required  
 I hereby certify that the above information is true and correct.

Contractor (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Name and Title (Print or type) \_\_\_\_\_



City of Houston  
Pay or Play Program  
Acknowledgement Form



It has been determined that the project currently open for bidding meets the criteria of the City of Houston Pay or Play program. This form acknowledges your awareness of the Pay or Play program which is authorized by Ordinance 2007-534. Your signature below affirms that you will comply with the requirements of the program if you are the successful bidder/proposer, and ensure the same on behalf of subcontracts subject to the Pay or Play Program.

I declare under penalty of perjury under the laws of the State of Texas that if awarded this contract which meets the criteria for the City of Houston's Pay or Play Program, I will comply with all requirements of the Pay or Play Program in accordance with Executive Order 1-7.

**\*Fill out all information below and submit this form with your bid/proposal packet.**

\_\_\_\_\_  
Solicitation Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
City Vendor ID

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**Note: For more information contact your POP Liaison or the POP Contract Administrator. All contact information can be found on [www.houstontx.gov](http://www.houstontx.gov) →Departments→Office of Business Opportunity→Pay or Play.**



Letter of Intent



THIS AGREEMENT IS SUBJECT TO MEDIATION AND CAN BE INITIATED BY THE COMPANIES SIGNED BELOW OR THE OFFICE OF BUSINESS OPPORTUNITY.

To: City of Houston  
Administering Department

Date:   1   /    / 2023

Project Name and Number \_\_\_\_\_

Bid Amount: \_\_\_\_\_ M/W/SBE Goal: \_\_\_\_\_ %

\_\_\_\_\_, agrees to enter into a contractual agreement  
Prime Contractor

with \_\_\_\_\_, who will provide the following goods/  
MWSBE Subcontractor

services in connection with the above referenced contract:

\_\_\_\_\_  
\_\_\_\_\_

for an estimated amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % of the total contract value.

\_\_\_\_\_ is currently certified with the City of Houston's  
(M/W/SBE Subcontractor) Office of Business Opportunity to function in the  
aforementioned capacity.

\_\_\_\_\_  
Prime Contractor  
\_\_\_\_\_ M/W/SBE Subcontractor  
intend to work on the above-named contract in accordance with the M/W/SBE Participation Section of the City of Houston Bid Provisions, contingent upon award of the contract to the aforementioned Prime Contractor.

\_\_\_\_\_  
Signed (Prime Contactor)

\_\_\_\_\_  
Signed (M/W/SBE Subcontractor)

\_\_\_\_\_  
Printed Signature

\_\_\_\_\_  
Printed Signature

\_\_\_\_\_  
Title Date

\_\_\_\_\_  
Title Date

Document 00470

**BIDDER'S MWSBE PARTICIPATION PLAN**

The Bidder or Proposer shall submit this completed form with the bid to demonstrate the Bidder/Proposer's plan to meet the MWBE contract goal(s) ("contract goal(s)"). If the Bidder/Proposer cannot meet the contract goal(s), the Bidder/Proposer has the burden to demonstrate "Good Faith Efforts," which shall include correctly and accurately preparing and submitting this form, a Record of Good Faith Efforts (Document 00471), a Request for Deviation from the Goal (Document 00472), and supporting documentation evidencing their "Good Faith Efforts," as required by the City of Houston's Good Faith Efforts Policy (Document 00808). The City will review the Participation Plan and Good Faith Efforts at the time of bid opening. Visit <http://www.houstontx.gov/obo> for more information.

|  |            |            |  |
|--|------------|------------|--|
| <b>City<br/>Advertised<br/>Contract<br/>Goal</b> | <b>MBE</b> | <b>WBE</b> | <ul style="list-style-type: none"> <li>• MBE and WBE Goals are two separate Contract Goals, to be met individually.</li> <li>• Any excess of one Goal cannot be applied to meet another Goal.</li> <li>• An SBE can be applied to the MBE and/or WBE Goal, but not to exceed 4%.</li> <li>• Up to 50% of the Bidder's Participation plan may be met using Suppliers.</li> <li>• Up to 50% of the advertised goal may be met at the Prime level if the Prime is a City-certified firm. Bidder must select one (1) certification type for Prime level credit. Prime level participation percentage must not exceed the individual MBE or WBE advertised goal. Prime level credit does not apply to SBE-certified firms.</li> </ul> |
|--|------------|------------|--|

| NAICS Code<br>(6 digit) | Description of Work<br>(Plan Sheet #, Unit<br>Price #, Scope of<br>Work #, as applicable) | % of Total Bid<br>Price<br>(2 decimal<br>places; for<br>example:<br>5.00%) | Services<br>or<br>Supplier | Cert. Type<br>for Goal:<br>MBE,<br>WBE, or<br>SBE  | Certified Firm Name<br>Firm Address<br>Contact Name<br>Phone No. and E-Mail   |
|-------------------------|---|--|----------------------------|--|---|
|                         |   |  |                            | MBE <input type="checkbox"/><br>WBE <input type="checkbox"/><br>SBE <input type="checkbox"/> | <b>USE THIS LINE FOR<br/>                     PRIME LEVEL CREDIT ONLY.<br/>                     CREDIT MUST NOT EXCEED 50%<br/>                     OF ADVERTISED GOAL.</b> |
|                         |   |  |                            | MBE <input type="checkbox"/><br>WBE <input type="checkbox"/><br>SBE <input type="checkbox"/> |   |
|                         |   |  |                            | MBE <input type="checkbox"/><br>WBE <input type="checkbox"/><br>SBE <input type="checkbox"/> |   |
|                         |   |  |                            | MBE <input type="checkbox"/><br>WBE <input type="checkbox"/><br>SBE <input type="checkbox"/> |   |

By submitting this form, your firm agrees to enter into formal subcontracting agreement(s) with the MWBE subcontractors/subconsultants listed on this participation plan upon award of a contract from the City.

|  |            |            |            |
|--|------------|------------|------------|
| <b>Bidder's<br/>Participation<br/>Plan Total</b> | <b>MBE</b> | <b>WBE</b> | <b>SBE</b> |
|  |            |            |            |

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

DOCUMENT 00470

**BIDDER'S MWSBE PARTICIPATION PLAN  
CONTINUATION PAGE**

| NAICS Code (6 digit) | Description of Work (Plan Sheet #, Unit Price #, Scope of Work #, as applicable) | % of Total Bid Price (2 decimal places; for example: 5.00%) | Services or Supplier | Cert. Type for Goal: MBE, WBE, or SBE  | Certified Firm Name<br>Firm Address<br>Contact Name<br>Phone No. and E-Mail |
|----------------------|--|---|----------------------|--|---|
|                      |  |   |                      | MBE <input type="checkbox"/><br>WBE <input type="checkbox"/><br>SBE <input type="checkbox"/> |   |
|                      |  |   |                      | MBE <input type="checkbox"/><br>WBE <input type="checkbox"/><br>SBE <input type="checkbox"/> |   |
|                      |  |   |                      | MBE <input type="checkbox"/><br>WBE <input type="checkbox"/><br>SBE <input type="checkbox"/> |   |
|                      |  |   |                      | MBE <input type="checkbox"/><br>WBE <input type="checkbox"/><br>SBE <input type="checkbox"/> |   |
|                      |  |   |                      | MBE <input type="checkbox"/><br>WBE <input type="checkbox"/><br>SBE <input type="checkbox"/> |   |
|                      |  |   |                      | MBE <input type="checkbox"/><br>WBE <input type="checkbox"/><br>SBE <input type="checkbox"/> |   |
|                      |  |   |                      | MBE <input type="checkbox"/><br>WBE <input type="checkbox"/><br>SBE <input type="checkbox"/> |   |
|                      |  |   |                      | MBE <input type="checkbox"/><br>WBE <input type="checkbox"/><br>SBE <input type="checkbox"/> |   |
|                      |  |   |                      | MBE <input type="checkbox"/><br>WBE <input type="checkbox"/><br>SBE <input type="checkbox"/> |   |
|                      |  |   |                      | MBE <input type="checkbox"/><br>WBE <input type="checkbox"/><br>SBE <input type="checkbox"/> |   |
|                      |  |   |                      | MBE <input type="checkbox"/><br>WBE <input type="checkbox"/><br>SBE <input type="checkbox"/> |   |
|                      |  |   |                      | MBE <input type="checkbox"/><br>WBE <input type="checkbox"/><br>SBE <input type="checkbox"/> |   |

\*I understand that supplying inaccurate information may violate Texas Penal Code Section 37.10 and lead to City sanctions.

## Attachment

### **CITY OF HOUSTON CERTIFIED MWSBE SUBCONTRACT TERMS**

Contractor shall ensure that all subcontracts with M/WSBE subcontractors and suppliers are clearly labeled "THIS CONTRACT IS SUBJECT TO MEDIATION" and contain the following terms:

1. \_\_\_\_\_ (M/WSBE subcontractor) shall not delegate or subcontract more than 50% of the work under this subcontract to any other subcontractor or supplier without the express written consent of the City of Houston's Office of Business Opportunity Director ("the Director").
2. \_\_\_\_\_ (M/WSBE subcontractor) shall permit representatives of the City of Houston, at all reasonable times, to perform 1) audits of the books and records of the subcontractor, and 2) inspections of all places where work is to be undertaken in connection with this subcontract. Subcontractor shall keep such books and records available for such purpose for at least four (4) years after the end of its performance under this subcontract. Nothing in this provision shall affect the time for bringing a cause of action or the applicable statute of limitations.
3. Within five (5) business days of execution of this subcontract, Contractor (prime contractor) and Subcontractor shall designate in writing to the Director an agent for receiving any notice required or permitted to be given pursuant to Chapter 15 of the Houston City Code of Ordinances, along with the street and mailing address and phone number of such agent.

These provisions apply to goal-oriented contracts. A goal-oriented contract means any contract for the supply of goods or non-professional services in excess of \$100,000.00 for which competitive proposals are required by law; not within the scope of the MBE/WBE/SBE program of the United States Environmental Protection Agency or the United States Department of Transportation; and which the City Purchasing Agent has determined to have significant MWSBE subcontracting potential in fields which there are an adequate number of known MBEs, WBE's, and or SBE's (if applicable) to compete for City contracts.

The MWSBE policy of the City of Houston will be discussed during the pre-proposal conference. For information, assistance, and/or to receive a copy of the City's Affirmative Action Policy and/or Ordinance, contact the Office of Business Opportunity Division at 832.393.0600, 611 Walker Street, 7<sup>th</sup> Floor, Houston, Texas 77002.



**EXHIBIT V  
CONFLICT OF INTEREST QUESTIONNAIRE**

|  |                        |   |
|--|------------------------|---|
| <b>CONFLICT OF INTEREST QUESTIONNAIRE</b>  |                        | <b>FORM CIQ</b>                         |
| For vendor doing business with local governmental entity   |                        |   |
| <p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-b) with a local governmental entity and the vendor meets requirements under Section 176.003(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.</p> <p>A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.</p>  | <b>OFFICE USE ONLY</b> |   |
| <p><b>1</b> Name of vendor who has a business relationship with local governmental entity.</p>   | Date Received          |   |
| <p><b>2</b> <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)</p>  |                        |   |
| <p><b>3</b> Name of local government officer about whom the information is being disclosed.</p> <p align="center">_____</p> <p align="center">Name of Officer</p>  |                        |   |
| <p><b>4</b> Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.</p> <p>A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?</p> <p align="center"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?</p> <p align="center"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> |                        |   |
| <p><b>5</b> Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.</p>   |                        |   |
| <p><b>6</b> <input type="checkbox"/> Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).</p>  |                        |   |
| <p><b>7</b> _____</p> <p align="center">Signature of vendor doing business with the governmental entity</p>  |                        | <p>_____</p> <p align="center">Date</p> |

**LOCATION OF BIDDER'S INVENTORY:**

|                 |  |
|-----------------|--|
| Street Address: |  |
| City:           |  |
| State:          |  |
| Zip:            |  |

# REFERENCES

In order to receive bid award consideration, the bidder must be able to demonstrate that they are currently providing or have had at least one contract, as a prime contractor, for services that are similar in size and scope to this contract. **Bidder must have references documenting that it has performed the similar services.** The reference(s) should be included in the space provided below. Please attach another piece of paper if necessary **Bidder's capability and experience shall be a factor in determining the contract award.**

1. Company Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name/Title: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Project Name/Title: \_\_\_\_\_  
Award Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_

2. Company Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name/Title: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Project Name/Title: \_\_\_\_\_  
Award Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_

3. Company Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name/Title: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Project Name/Title: \_\_\_\_\_  
Award Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_

4. Company Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name/Title: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Project Name/Title: \_\_\_\_\_  
Award Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_