



**City of Cincinnati**  
**Subcontractor Approval Request (Form 2004)**  
This form serves as a subcontractor agreement for the City's compliance monitoring purposes.

**Project Information:**

This section is to be completed by the Requesting Contractor.

Contract Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_

City Administering Department: \_\_\_\_\_ City Project Manager: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Requesting Contractor: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Address: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Prime Contractor (If not the same as above): \_\_\_\_\_ Tax ID: \_\_\_\_\_ Address: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Union      Non-union      Mix

**Proposed Subcontractor:**

This section is to be completed by the proposed subcontractor.

Subcontractor: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Address: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Contract Compliance Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

City of Cincinnati Certifications:      MBE      WBE      SBE      ELBE      SLBE

Union      Non-union      Mix

Description of Work	Estimated Subcontract Amount	Estimated Start Date	Estimated Completion Date

Total Subcontract Amount: \_\_\_\_\_

**Signatures:**

This form must be signed by all the Authorized Representatives listed above.

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

Requesting Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Prime Contractor: \_\_\_\_\_ Date: \_\_\_\_\_