



METROPOLITAN SEWER DISTRICT OF GREATER CINCINNATI (MSDGC)
CONTRACT COMPLIANCE PROGRAM
SUBCONTRACTOR APPROVAL & SUBSTITUTION REQUEST FORM

PLEASE PRINT

Project Name CIP # Contract #

REQUESTING CONTRACTOR

Requesting Contractor, Mailing Address, Contact Person, Phone No., Fax No., Email Address, Certified Payroll Contact Person, Phone No., Fax No., Email Address

BSBE SLBE SBE MSD-SBE SUBCONTRACTOR New Substitution

Subcontractor, Mailing Address, Contact Person, Phone No., Fax No., Email Address, Certified Payroll Contact Person, Phone No., Fax No., Email Address

Dollar amount for work to be performed by the subcontractor on this project: \$

Scope of work:

List trade(s) to be utilized by subcontractor on this project (e.g., Laborer, Operator, Electrician, etc.):

Estimated Starting Date: / / Estimated Completion Date: / /

Union: Yes No If Yes, Name of Union(s):



SIGNATURES

Requesting Contractor, Date, Federal Tax ID Number, Subcontractor, Date, Federal Tax ID Number, Prime Contractor, Date, Federal Tax ID Number

OFFICE USE ONLY: Prevailing Wage Coordinator: Date:
Approved: Yes No Reason not approved or comments:

**METROPOLITAN SEWER DISTRICT OF GREATER CINCINNATI (MSDGC)
CONTRACT COMPLIANCE PROGRAM
SUBCONTRACTOR APPROVAL & SUBSTITUTION REQUEST FORM
INSTRUCTIONS**

If a prime contractor plans to use subcontractors on a MSDGC project, the prime contractor or any hiring subcontractors must complete in its entirety the Subcontractor Approval & Substitution Request Form and submit it through the Vendor Compliance and Certification System the Subcontractor Approval & Substitution Request Form for review and approval before any subcontractor is authorized to begin work on a MSDGC project.