

PROJECT NAME:
CONTRACTOR:
DATES OF REPORT: (SHOULD MATCH DATES OF PAY REQUEST)
<b>LIST OF ALL SUBCONTRACTORS *</b>

**LOCAL ECONOMIC STIMULUS PROJECT  
SUBCONTRACTOR LIST**

**ATTACHMENT A**

DATE:
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COMPANY NAME	SPECIALTY/TRADE	PHYSICAL ADDRESS
1		
2		
3		
4		
5		
6		
7		
8		

TOTAL NO. OF SUBCONTRACTORS		<b>* PROOF OF BUSINESS OPERATION PRIOR TO JANUARY 29, 2008, MUST BE ATTACHED FOR ALL SUBCONTRACTORS. ** IF THE % OF SLC SUBCONTRACTORS IS LESS THAN THE CONTRACT %, AN EXPLANATION MUST BE ATTACHED AS TO HOW CONTRACT % WILL BE MET.</b>
TOTAL ST. LUCIE COUNTY SUBCONTRACTORS		
TOTAL SLC SUBCONTRACTORS / TOTAL SUBCONTRACTORS=PERCENTAGE OF SLC SUBS **	%	
% OF NON-SLC SUBCONTRACTORS	%	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title