2nd Tier Subcontractor/Supplier List

Owner: _____ **L3C Project #:** _____
Project: _____
Project Address: _____ **City:** _____
County Of: _____ **State:** _____
Subcontractor/Supplier: _____ **Application #:** _____
Period Ending: _____

2nd Tier Subcontractor/Supplier	Contract or PO Amount	Contact	Phone Number	Description of Services or Materials Supplied

Subcontractor certifies that the above list includes all of Subcontractor's sub-subcontractors, equipment, labor and material suppliers with an anticipated contract value or cost in excess of $5,000.00 and is being provided pursuant to the obligations contained in the Subcontract. Subcontractor acknowledges its obligation to supplement this list within ten (10) days in the event of new sub-subcontractors, equipment, labor or material suppliers having a contract value in excess of $5,000.00 and are used by subcontractor in the Project. Subcontractor certifies that this list is true and accurate.

Subcontractor: _____
Signature

Printed Name and Title: _____