

CITY OF CARSON CITY, NEVADA

SUBCONTRACTORS, SUPPLIERS, & SUBCONSULTANTS BIDDING

Due from Bidder/Prime Contractor at bid submission.

Company Name	Bid No
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INSTRUCTIONS

List all bids received from subcontractors, suppliers, and subconsultants. For each listed firm, provide the applicable NAICS code(s) and identify all associated bid items. If any subcontractor, supplier, or subconsultant has more than two (2) NAICS Codes to list, or if you received more than twenty (20) subcontractor, supplier, or subconsultant bids, attach an additional page to include this information. For federally funded or RTC projects, complete the DBE information on this form. See Instructions to Bidders for more information. [No DBE information is required until further notice.](#)

NAICS Code	Bid Item №(s)	Scope
561730	1.12, 1.13, 2.5	Landscaping Example

DBE Statuses

DBE
Non-DBE

Age of DBE Firm

< 1 year
1 to 2 years
2 to 3 years
3 to 4 years
4 to 6 years
6 to 8 years
8 to 10 years
> 10 years

DBE Majority Owner Races

Asian-Pacific
Black
Hispanic
Native
Other
Non-Minority
Subcontinent Asian

DBE Majority Owner Sexes

Female
Male

NAICS Search

BIDDER DBE INFORMATION

Bidder/Prime Contractor DBE Status	Age of DBE Firm	Majority Owner Race	Majority Owner Sex
Select One			

SUBCONTRACTOR, SUPPLIER, & SUBCONSULTANT INFORMATION

1. Firm Name	Address, City, State, ZIP	Phone
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Firm Type: Subcontractor ☐ Supplier ☐ Subconsultant ☐ Was this bid used? *Select*

DBE Status	Age of DBE Firm	DBE Majority Owner Race	DBE Majority Owner Sex
Select One			

NAICS Code	Bid Item №(s)	Scope

2. Firm Name	Address, City, State, ZIP	Phone
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Firm Type: Subcontractor ☐ Supplier ☐ Subconsultant ☐ Was this bid used? *Select*

DBE Status	Age of DBE Firm	DBE Majority Owner Race	DBE Majority Owner Sex
Select One			

NAICS Code	Bid Item №(s)	Scope

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3. Firm Name	Address, City, State, ZIP	Phone
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Firm Type: Subcontractor ☐ Supplier ☐ Subconsultant ☐ **Was this bid used? *Select***

DBE Status *Select One*	Age of DBE Firm	DBE Majority Owner Race	DBE Majority Owner Sex
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NAICS Code	Bid Item №(s)	Scope

4. Firm Name	Address, City, State, ZIP	Phone
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Firm Type: Subcontractor ☐ Supplier ☐ Subconsultant ☐ **Was this bid used? *Select***

DBE Status *Select One*	Age of DBE Firm	DBE Majority Owner Race	DBE Majority Owner Sex
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NAICS Code	Bid Item №(s)	Scope

AUTHORIZED SIGNATURE

I, the undersigned, hereby affirm that, pursuant to NRS 338.141 (5), all work will be performed by the licensed and approved subcontractors provided with this bid and work other than that being performed by licensed and approved subcontractors will be self-performed by the Bidder/Prime Contractor who is licensed to perform such work. I affirm that all information provided on this form is true, accurate, and complete to the best of my knowledge and that I am duly authorized to execute this form on behalf of the entity named herein.

Authorized Representative's Printed Name

Authorized Representative's Signature & Date