

City of Saint Paul  
**SUBCONTRACTOR INTENT TO PERFORM**  
*(to be completed only by subcontractors who are certified vendors)*

**Project Name** \_\_\_\_\_ **Bid Number** \_\_\_\_\_

**Department** \_\_\_\_\_ **Project Number** \_\_\_\_\_

**General Contractor** \_\_\_\_\_

Certified Vendor Name \_\_\_\_\_ Federal ID # \_\_\_\_\_

Business Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Describe the work you will perform on this contract: \_\_\_\_\_

Date work begins: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ends: \_\_\_\_/\_\_\_\_/\_\_\_\_

Indicate below subcontractors and/or suppliers you plan to use on this contract.

Company Name	Address/Phone	Type of Work/Supplies	Contract Amount	Office use only
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

*(Attach additional sheet with subcontractor and supplier information as necessary)*

Dollar amount of your contract \$ \_\_\_\_\_.

Estimated dollar amount of work to be completed directly by your company \$ \_\_\_\_\_.

**Changes in contract amounts or subcontractors must be approved in advance by HREEO staff.**

**Questions? Call 266-8900**

*The undersigned hereby certifies that s/he has read the terms of the Intent to Perform and is authorized to bind the company to the commitment herein set forth. Signature, title of authorized company official and date must be properly executed on this document. The undersigned swears that the foregoing statements are true and correct. Further, the undersigned agrees to provide complete and accurate information regarding actual work performed on the project, the payment thereof, and any proposed changes of the foregoing arrangements and further, to permit access during normal business hours to the business work site, records, and files when necessary to determine conformance to Vendor Outreach Program requirements upon request of the Dept. of Human Rights and Equal Economic Opportunity.*

Name of Authorized Officer \_\_\_\_\_ Phone \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

OFFICE USE ONLY

Actual Certified Vendor participation \$ \_\_\_\_\_ = \_\_\_\_\_ % Staff approval \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

S: \$ \_\_\_\_\_ W: \$ \_\_\_\_\_ M: \$ \_\_\_\_\_ (Minority: A: \$ \_\_\_\_\_ B: \$ \_\_\_\_\_ C: \$ \_\_\_\_\_ E: \$ \_\_\_\_\_ I: \$ \_\_\_\_\_)

Funding: City \_\_\_\_\_ Star \_\_\_\_\_ MN \_\_\_\_\_ CDBG \_\_\_\_\_ UDAG \_\_\_\_\_ HRA \_\_\_\_\_ HOME \_\_\_\_\_ MHFA \_\_\_\_\_ TIF \_\_\_\_\_

Tracking \_\_\_\_/\_\_\_\_/\_\_\_\_ City rpt \_\_\_\_/\_\_\_\_/\_\_\_\_ HUD rpt \_\_\_\_/\_\_\_\_/\_\_\_\_