

Master Vendor Program Subcontractor Form

Required Information: To qualify as a subcontractor in the Master Vendor Program, this form must be fully completed and sent to DMB Purchasing Operations. When submitting this form, the subcontractor must also include a signed letter indicating their exclusive relationship with that prime contractor for the particular category. A prime contractor cannot have the same subcontractor in the same category.

Subcontractor Identification Information

Name and Address of the contracting entity

Enter the name, address of the principle place of business and telephone number of legal entity for which the contract is to be written.

Name: _____

Address: _____

City, State, ZIP _____

Phone Number: () _____

Principal Officers

Enter the name, address and business telephone number of the principal officers (e.g.: President, Vice President, Treasurer, Board Chairperson) of the organization.

Name: _____

Title: _____

Address: _____

City, State, ZIP _____

Phone: () _____

Organization and Year

Enter the legal status and business structure (corporation, partnership, sole proprietorship, etc.) of the entity and the year the entity was established.

Status: _____

Employer Identification

Fed. I.D. _____

State of Michigan _____

Vendor ID Number _____

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Contact Information

Enter the name, title, address, email, phone and fax numbers for entity Contact.

Name: _____
Address: _____
City, State, ZIP _____
Phone: () _____
Fax: () _____
E-Mail _____

Note: Person named above will be sole contact for your company to receive and award subsequent Work Requests.

Contract Performance

Indicate if the Vendor has had a contract terminated for default in the last three (3) years. Termination for default is defined as notice to stop performance which was delivered to the Vendor due to the Vendor's non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the Vendor, or (b) litigated and determined that the Vendor was in default. If no such terminations exist, the Vendor is to so declare.

Note: If the Vendor has had a contract terminated for default in this period, the Vendor shall submit full details including the other party's name, address, and phone number. Acquisition Services will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of past experience.

Termination: *If (a) or (b) apply, please attach vendor response as an appendix:*

- (a) Not litigated due to inaction on the part of the Vendor
- (b) Litigated and determined that the Vendor was in default
- (c) No such terminations exist