CITY OF MIAMI CAPITAL IMPROVEMENTS PROGRAM

SUBCONTRACTOR UTILIZATION

Project No. <u>B-</u>	Project Title: AWWW	Sheet No of	f
	ubmission. Failure to submit this Exhibit with the Bid will result in the lallow the Bidder to submit the Exhibit after Bids are due.	ne bid being rejecte	ed

Provide the following information for each subcontractor regardless of tier.*

Attach additional sheets if necessary.

Name of Business	Portion of Work	Dollar Amount	Percent	Address/City/State/Zip	License Information**		Business Certification****		
					Туре	Number	SBE	CSBE	DBE

^{*} All tiers must be shown, including multiple sub-tiers, if permitted by the Contract Documents.

Form SU

^{**}List only those relevant to this Project.

^{***} Must be certified by either Miami-Dade County, State of Florida, or the Federal Government