

CONTRACTOR'S TRACKING FORM

To assist the CHA in implementing and tracking this contract, please provide the following information. Complete one form for the prime contractor and one for each subcontractor you plan to use.

BID NUMBER: _____ **PROJECT:** _____

COMPANY NAME: _____

GENERAL CONTRACTOR LICENSE *: (if applicable) _____

RESIDENTIAL CONTRACTOR LICENSE # (if applicable) _____

STREET ADDRESS: _____

CITY AND STATE: _____

TELEPHONE () _____ **CONTACT NAME:** _____

FEIN: _____ **OR SSN:** _____

ETHNIC/RACE STATUS (CHECK ONLY ONE)

____ **WHITE AMERICAN** ____ **BLACK AMERICAN** ____ **NATIVE AMERICAN**

____ **HISPANIC** ____ **ASIAN/PACIFIC AMERICAN**

***REQUIRED IF YOUR BID IS OVER \$30,000.00**

**# REQUIRED IF YOUR BID IS FOR RESIDENTIAL WORK AND IS OVER \$ 5,000.00
(DOES NOT APPLY IF OFFEROR IS A LICENSED GENERAL CONTRACTOR)**