

CONTRACTS & SUBCONTRACTS FOR CHIP PROJECTS COMPLETED

State Recipient Name _____ Grant Number _____

Project # _____

Name: _____

Address: _____

Total Amount of Contract: _____

CHIP Portion of Contract: _____

Contractor Information

Name:

Last _____

First _____

Business _____

Mailing Address: _____

City _____ State _____ Zip _____

County _____

Phone Number: _____

Contractor ID #: _____

Type of Entity:

Corporation Government Entity Housing Authority

Individual DBA Individual Person Joint Venture

Partnership Non-Profit Organization

Minority Code:

Black (non-Hispanic) Disadvantaged/DBE

Hispanic MBE/HUB

Woman/MWBE Other

Race/Ethnicity:

Asian/Pacific Islander Black (non-hispanic)

Hasidic Jew Hispanic (all races)

Native American White (non-hispanic)

Not Available

Capacity Code:

Consultant Attorney, Tax CPA, Tax

Contractor Developer General Partner

Sub-Contractor Title Company

Trade Type:

Education/Training New Construction

Repair Substantial Rehab

Other

Section 3 Contractor: _____ YES _____ NO