

**Section 5 Continuation Sheet - Disclosure of Subcontractors**

Sub Company Name:		EIN/VID #:	
Address:	City:	State:	Zip Code:
Contact:	Phone No.:	Fax No.:	E-mail:
Subcontract Amount:	Percentage:	Description of Work:	
Is the company a certified HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate Gender & Ethnicity:		
Certifying Agency (Check all applicable):	State of Texas (HUB) <input type="checkbox"/>	City of Austin (M/WBE) <input type="checkbox"/>	Texas Unified Certification Program (DBE) <input type="checkbox"/>
Sub Company Name:		EIN/VID #:	
Address:	City:	State:	Zip Code:
Contact:	Phone No.:	Fax No.:	E-mail:
Subcontract Amount:	Percentage:	Description of Work:	
Is the company a certified HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate Gender & Ethnicity:		
Certifying Agency (Check all applicable):	State of Texas (HUB) <input type="checkbox"/>	City of Austin (M/WBE) <input type="checkbox"/>	Texas Unified Certification Program (DBE) <input type="checkbox"/>
Sub Company Name:		EIN/VID #:	
Address:	City:	State:	Zip Code:
Contact:	Phone No.:	Fax No.:	E-mail:
Subcontract Amount:	Percentage:	Description of Work:	
Is the company a certified HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate Gender & Ethnicity:		
Certifying Agency (Check all applicable):	State of Texas (HUB) <input type="checkbox"/>	City of Austin (M/WBE) <input type="checkbox"/>	Texas Unified Certification Program (DBE) <input type="checkbox"/>
Sub Company Name:		EIN/VID #:	
Address:	City:	State:	Zip Code:
Contact:	Phone No.:	Fax No.:	E-mail:
Subcontract Amount:	Percentage:	Description of Work:	
Is the company a certified HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate Gender & Ethnicity:		
Certifying Agency (Check all applicable):	State of Texas (HUB) <input type="checkbox"/>	City of Austin (M/WBE) <input type="checkbox"/>	Texas Unified Certification Program (DBE) <input type="checkbox"/>