

**REQUEST FOR ACCEPTANCE OF SUBCONTRACTOR**

**To: Helena Housing Authority**  
**812 Abbey St.**  
**Helena, MT 59601**

**DATE:** \_\_\_\_\_  
**PROJECT NO.:** \_\_\_\_\_  
**PROJECT NAME:** \_\_\_\_\_  
**PROJECT LOCATION:** \_\_\_\_\_

In accordance with our prime contract for \_\_\_\_\_ of this project, we request acceptance of the following proposed subcontractor to perform work or supply material as indicated below:

- 1. SUBCONTRACTOR NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FEDERAL ID/SSN NO.: \_\_\_\_\_ TELEPHONE NO.(     ) \_\_\_\_\_  
MBE/WBE/DBE: \_\_\_\_\_

2. SCOPE OF WORK (Type of work, and Specification section reference)

3. The subcontractor's Non-Collusive Affidavit in the form required by our contract is furnished herewith along with the Certificate of Insurance naming the owner as Additional Insured (ORIGINAL ONLY ATTACHED TO THE ORIGINAL OF THIS REQUEST).

4. We warrant that the provisions required by our contract to be inserted in each subcontract will be inserted in this subcontract.

5. We certify that this proposed subcontractor is not ineligible to receive awards of contracts from the United States as evidenced by the list or lists of such contractors maintained by HUD.

6. There will be no assignment of interest in this subcontract except as follows (If NONE, so state)

**7. We certify the Sub contractor has received a copy of the Federal Wage Rates (In Specification Book) on this Project**

8. Terms of Payment: \_\_\_\_\_ Price: \$ \_\_\_\_\_

9. Remarks:

\_\_\_\_\_  
Prime Contractor

By: \_\_\_\_\_

Title: \_\_\_\_\_

**APPROVAL OR REJECTION**

**Subcontractors eligibility to receive contract awards has been verified** \_\_\_\_\_

The proposed subcontractor named above is          Approved                                  Disapproved

If accepted, the contracting party giving such acceptance assumes no responsibility in connection with the form or terms of the subcontract, nor the performance of the subcontractor, and this form will NOT be returned.

If rejected, the reason(s) will be briefly stated herein, and this form will be returned within 10 days after receipt.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Contracting Officer)