

**REQUEST FOR ACCEPTANCE OF SUBCONTRACTOR**

Date:	Contract Number
To: Trumbull Metropolitan Housing Authority	Contract Name
4076 Youngstown Road S.E.	
Warren, Ohio 44484	Address _____
Phone: 330-369-6107	
Fax: 330-369-3874	

Gentlemen:

In accordance with our prime contract, we request acceptance of the following subcontractor to perform work as indicated below.

Subcontractor Business Name: \_\_\_\_\_

Scope of work performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The subcontractor shall complete a TMHA Contractor Identification form and is furnished herewith.  
(TMHA form 221/Original Only)

The subcontractor shall complete a TMHA Drug Free Workplace form and is furnished herewith.  
(TMHA form 245/Original Only)

We acknowledge that the provisions required by our contract is inserted in any subcontract approved by TMHA.

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 as maintained by DHUD.

There will be no assignment of interest in this subcontract. (Assignments must have written approval from TMHA.)

Terms of Subcontract		
Total Price:	Labor:	Material:
Terms of Payment:		
Remarks:		

Prime Contractor: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Both Prime and Subcontractor herein certified to comply with all contract terms.

The proposed subcontractor named above is

If rejected, the reason(s) will be briefly stated herein, and this form will be returned within fourteen (14) days after receipt.

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