

SET-ASIDE CONTRACTOR SCHEDULE

VIA FAX

Contractor Name:
Contractor Address:
City, State, Zip Code

BID OPENING DATE:

Re: Insert Project description here
 Project Number:

Date:

Dear Contractor:

Named Subcontractor Bidders Qualification Statement(s) (00 45 17) is / (are) required for this project, only for your Named Subcontractors listed in Schedule 7.5.1 of your Bid Proposal. On and after October 1, 2007, each subcontractor whose subcontract exceeds five hundred thousand dollars must be prequalified in accordance with section 4a-100, as amended. Please submit at this time the Subcontractors' DAS Prequalification Certificate, if applicable, and the Subcontractor Bidders Qualification Statement for each Named Subcontractor.

In accordance with Section 4.6.1 of your Bid Proposal Form, you are required to list below the names of each currently certified set aside contractor to be used for this project, along with the dollar amount to be paid each set-aside contractor.

The responsibility for listing a qualified and certified set aside contractor rests solely with the bidder and not the State. Listing a set-aside contractor who does not qualify may be considered the same as not listing one at all and the bid may be considered non-responsive and subject to rejection.

NAME	ADDRESS	AMOUNT	INDICATE WHETHER SUBCONTRACTOR OR SUPPLIER, OR BOTH

Note: Insert required information in only one of the (3) options below, then delete the other options and this prompt box.

- This amount must be not less than ____% of the total contract cost as stated on the Bid Proposal Form, Section 7.3.1.
- This amount must be not less than ____% of the total contract cost as stated on the Bid Proposal Form, Section 7.3.1. (Including ____% Minority Business Enterprises.)
- This amount must be not less than ____% of the total contract cost as stated on the Bid Proposal Form, Section 7.3.1. (Minority Business Enterprises.)

CERTIFICATE OF ELIGIBILITY FOR EACH OF THE NAMED SET-ASIDE CONTRACTORS MUST BE SUBMITTED WITH THIS FORM.

 Authorized Signature & Title

 Date

THIS FORM MUST BE RECEIVED NO LATER THAN

AT: STATE OF

**Connecticut Department of Administrative Services
 165 Capitol Avenue
 Hartford, Connecticut 06106
 Room #G-35,
 Attn:**