SUBRECIPIENT AND CONTRACTOR DISCLOSURE

Instructions: Must be submitted to DNR.CMP@illinois.gov within 10 business days of entering into an agreement with a contractor or subrecipient. We strongly recommend submitting this form BEFORE entering into formal contract or beginning work. If you need more room, use additional sheets.

GRANT # :_____ **PROJECT TITLE** :_____

1. Name:_____ FEIN/SSN:_____

Address/City/State/Zip: _____

Phone/Fax/E-Mail: _____DUNS:_____

Is this a Woman Business Enterprise/ Minority Business Enterprise/ Disabled Business Enterprise? ☐Yes ☐No

Service(s) to be Performed:

2. Name:_____ FEIN/SSN:_____

Address/City/State/Zip: _____

Phone/Fax/E-Mail: _____DUNS:_____

Is this a Woman Business Enterprise/ Minority Business Enterprise/ Disabled Business Enterprise? ☐Yes ☐No

Service(s) to be Performed:

3. Name:_____ FEIN/SSN:_____

Address/City/State/Zip: _____

Phone/Fax/E-Mail: _____DUNS:_____

Is this a Woman Business Enterprise/ Minority Business Enterprise/ Disabled Business Enterprise? ☐Yes ☐No

Service(s) to be Performed: