



**STATE OF SOUTH CAROLINA  
STATE REVOLVING FUND (SRF) PROGRAM  
PRIME CONTRACTOR'S SUBAGREEMENT CERTIFICATION**

Project Name:	Project Number:
Contractor's Name:	Contractor's Telephone Number:

Contractor's Address:

City:

State:

Zip Code:

**SECTION I - INSTRUCTIONS**

All prime contractors are required to certify whether or not they plan to utilize subcontractors for any portion of work throughout the life of their contract.

**SECTION II - CERTIFICATION**

I, as the authorized representative of the above named contracting firm, certify that we:

Plan to subcontract a portion of this project and will submit to SCDHEC evidence of the positive steps taken to utilize minority and women's businesses as required by Executive Order 11246 prior to entering into any subagreement. We agree to submit MBE/WBE quarterly utilization reports (U.S. EPA Form 5700-52A). (Please list each tentative subcontractor on Page 2 of this form.)

Do not elect to subcontract any portion of this project. We understand that should we elect, at a later date, to subcontract a portion of this project, we will be required to provide evidence of the positive steps taken to utilize minority and women-owned businesses as required by Executive Order 11246 prior to entering into any subagreement. Failure to do so may result in costs associated with that subagreement declared ineligible for SRF assistance.

Name:	Signature:	Date:(MM/DD/YYYY)
Title:		

Please list all tentative subcontractors you plan to use for this project, identifying whether or not they are a minority business enterprise (MBE) or a women-owned business enterprise (WBE). If more space is needed, please attach an additional sheet using the same format as below.

1. Type of Work:  
 Subcontractor's Name:  
 Subcontractor's Address:  
 City: State : Zip Code:  
 Contact Person: Contact's Telephone Number:  
 Subcontract Amount: Duration of Subcontract:  
*Check all that apply:* MBE (Minority Business Enterprise)  
 WBE (Women-owned Business Enterprise)

2. Type of Work:  
 Subcontractor's Name:  
 Subcontractor's Address:  
 City: State: Zip Code:  
 Contact Person: Contact's Telephone Number:  
 Subcontract Amount: Duration of Subcontract:  
*Check all that apply:* MBE (Minority Business Enterprise)  
 WBE (Women-owned Business Enterprise)

3. Type of Work:  
 Subcontractor's Name:  
 Subcontractor's Address:  
 City: State: Zip Code:  
 Contact Person: Contact's Telephone Number:  
 Subcontract Amount: Duration of Subcontract:  
*Check all that apply:* MBE (Minority Business Enterprise)  
 WBE (Women-owned Business Enterprise)

4. Type of Work:  
 Subcontractor's Name:  
 Subcontractor's Address:  
 City: State: Zip Code:  
 Contact Person: Contact's Telephone Number:  
 Subcontract Amount: Duration of Subcontract:  
*Check all that apply:* MBE (Minority Business Enterprise)  
 WBE (Women-owned Business Enterprise)

List of subcontract work yet to be committed with approximate price and duration of subcontract .

Work	Approximate Price	Duration
1.		
2.		
3.		
4.		

Submit to: SCDHEC, Water Facilities Permitting Division, SRF Section, 2600 Bull Street, Columbia, SC 29201